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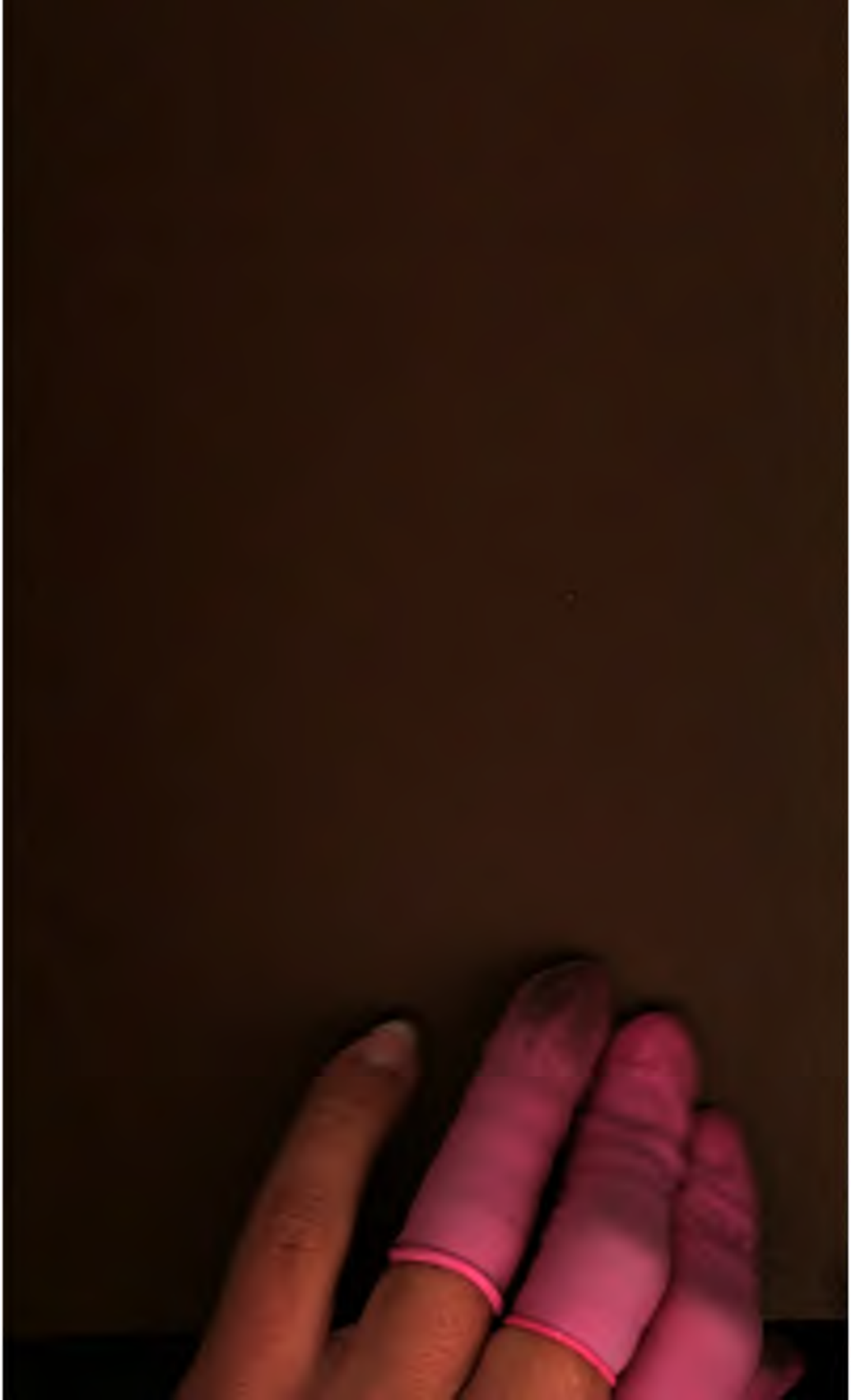

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TRANSACTIONS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE STATE BOARD OF HEALTH.

ORGANIZED 1847—SESSION 1898.

BIRMINGHAM, APRIL 19-22, 1898.

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PREFACE.

To the Members of the Medical Association of the State of Alabama:

We herewith present you the volume of the Transactions of the Medical Association of the State of Alabama for 1898, which has been completed as early as is consistent with proper care.

Very respectfully,

GEORGE PLATT WALLER, M. D., Montgomery.

PASCAL HARRISON OWEN, M. D., Montgomery.

GEORGE SUMMERS BROWN, M. D., Birmingham.

Publishing Committee.

PROGRAMME OF THE ANNUAL SESSION,

APRIL 19-22, 1898,

AT SEALS' HALL, 2105 FIRST AVENUE, BIRMINGHAM, ALA.

COMMITTEE OF ARRANGEMENTS.

E. P. RIGGS, M. D., Chairman.

C. R. SEXTON, M. D.
G. C. CHAPMAN, M. D.
W. E. B. DAVIS, M. D.
WYATT HEFLIN, M. D.
G. S. BROWN, M. D.
THOS. D. PARKE, M. D.

FIRST DAY—TUESDAY, APRIL 19, 1898.

MORNING SESSION.

1. Call to order at 12 M., by President—L. L. HILL, M. D., of Montgomery.
2. Prayer—Rev. W. J. MURRAY.
3. Address of Welcome—A. T. HENLEY, M. D., President Jefferson County Medical Society.
4. Annual Message of the President—Dr. L. L. HILL, of Montgomery.
5. Report of Senior Vice-President—Dr. J. C. LEGRAND, of Birmingham.
6. Report of Junior Vice-President—Dr. E. L. MARECHAL, of Mobile.
7. Report of the Secretary—Dr. G. P. WALLER.
8. Report of Treasurer—Dr. W. C. JACKSON.
9. Report of Publishing Committee.
10. Reports of Special Committees.
11. Miscellaneous Business.

Adjournment.

EVENING SESSION.

1. Call to order at 8 P. M.
2. Historian's Address—Dr. B. W. WHITFIELD, of Walker County.

REGULAR REPORTS.

3. Limit to the Arts of Gynæcological Surgery—Dr. S. C. CARSON, of Bessemer.
4. Surgical Peculiarities of the Negro Race—Dr. R. M. FLETCHER, JR., of Huntsville.

5. Contribution to Rational and Conservative Gynæcology—Dr. R. H. HAYES, of Union Springs.
6. Pulmonary Tuberculosis—Dr. J. A. HOWLE, of Wetumpka.
7. Diagnostic Features of Cutaneous Syphilis, Illustrated by Lantern Slides—Dr. GEO. HENRY FOX, of New York.

SECOND DAY—WEDNESDAY, APRIL 20.

1. Call to order at 9 A. M.
2. Unfinished Business.

CONTINUATION OF REGULAR REPORTS.

3. Puerperal Infection and its Consequences—Dr. WYATT HEFLIN, of Birmingham.
4. The Prevailing Epidemic of Yellow Fever that Existed in Mobile and Throughout the South During the Summer of 1897—Dr. H. T. INGE, of Mobile.
5. Chronic Hypertrophic Rhinitis—Dr. H. S. PERSONS, of Montgomery.
6. Recent Progress in Surgery—Dr. E. P. RIGGS, of Birmingham.
7. Stricture of the Urethra—Dr. L. R. ROBINSON, of Montgomery.
8. Some Practical Suggestions About Insanity—Dr. J. T. SEARCY, of Tuskaloosa.
9. Recent Progress in Gynæcology—Dr. E. B. WARD, of Selma.
10. Paper by Dr. W. M. POLK, of New York. Subject not given.
11. Miscellaneous Business.

EVENING SESSION.

1. Call to order at 8 P. M.
2. Annual Oration—Dr. W. W. HARPER, of Selma.
3. Monitor's Address—Dr. G. S. BROWN, of Birmingham.

Followed by a reception at Commercial Club Rooms.

THIRD DAY—THURSDAY, APRIL 21.

MORNING SESSION.

1. Call to order at 9 A. M.
2. Unfinished Business.

VOLUNTEER PAPERS.

3. Ulcer of Cornea—Dr. B. J. BALDWIN, of Montgomery.
4. Reports of Surgical Cases—Dr. S. G. GAY, of Selma.
5. Care and Treatment of Expectant Mother—Dr. J. G. PALMER, of Opelika.

6. Some of the More Common Diseases of the Rectum--Dr. B. R. PEARSON, of Montgomery.
7. Extra Uterine Pregnacy, with Report of Cases—Dr. W. E. B. DAVIS, of Birmingham.
8. Importance of the Microscope in the Practice of Medicine—Dr. T. C. THORINGTON, of Montgomery.
9. The Modification of Milk—Dr. T. D. PARKS, of Birmingham.
10. Two Cases of Brain Surgery: First Case, Cerebellar Tumor, Operation with Recovery; Second Case, Traumatic Epilepsy, Operation with Relief of Symptoms—Dr. W. H. HUDSON.
11. Miscellaneous Business.

EVENING SESSION.

1. Call to order 8 P. M.

CONTINUATION OF VOLUNTEER PAPERS.

2. The First Case of Recognized Yellow Fever in Mobile in 1897, with Comments and Deductions—Dr. E. L. MARECHAL, of Mobile.
3. An Illustration of Some of the Practical Difficulties in the Differential Diagnosis of Yellow Fever—Dr. H. A. MOODY, of Bailey Springs.
4. National, State and Local Quarantines, How Best to Adjust Their Relations—Dr. W. H. SANDERS, of Mobile.
5. Alabama's Need of More Stringent Midwifery Laws—Dr. D. L. WILKINSON, of Montevallo.
6. Membranous Enteritis—Dr. L. W. JOHNSTON, of Tuskegee.
7. A Separate Prison for Tuberculous Patients—Dr. W. H. BLAKE, Board of Convict Inspectors.
8. Hæmorrhagic Malarial Fever—Dr. F. I. MOODY, of Dothan.
9. Compulsory Vaccination—Dr. S. S. TAM, of Mobile.
10. Venereal Diseases and Marriage—Dr. W. O. SOMERVILLE, of Tuskaloosa.
11. What We Know of Glaucoma—Dr. R. F. HARPER, of Ozark.
12. Trachoma—Dr. S. KIRKPATRICK, of Selma.
13. Transactions of the M. A. S. A., with Index of all Papers Read Since 1869—Dr. H. G. PERRY, of Greenville.
14. Serum Therapy and Treatment of Diptheria—Dr. MACK ROGERS, of Birmingham.
15. Medical Progress—Dr. E. P. NICHOLSON, of Valley Head.

FOURTH DAY—FRIDAY, APRIL 22.

1. Call to order 9 A. M.
2. Unfinished and Miscellaneous Business.
3. Report of Board of Censors.
4. Revision of the Four Rolls.
   (a) Revision of the Roll of County Societies.
   (b) Revision of the Roll of Counsellors.
   (c) Revision of the Roll of Correspondents.
   (d) Revision of the Roll of Officers.
5. Election and Installation of Officers.
6. Unfinished and Miscellaneous Business.
7. Adjournment *sine die*.

MINUTES OF THE PROCEEDINGS

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE MINUTES OF THE PROCEEDINGS.

SESSION OF 1898.

PROCEEDINGS OF THE FIRST DAY.

BIRMINGHAM, TUESDAY, APRIL 19.

The Association was called to order in Seals' Hall, Birmingham, promptly at 12 M., on Tuesday, April 19th, by L. L. Hill, M. D., President.

The following Counsellors, Delegates and Visitors appeared and registered:

GRAND SENIOR LIFE COUNSELLORS.

Furniss, John Perkins, Selma, Dallas county.
Gaston, John Brown, Montgomery, Montgomery county.
Jackson, Robert Dandridge, Brookwood, Tuscaloosa county.
Ketchum, George Augustus, Mobile, Mobile county.
McKittrick, Adam Alexander, Evergreen, Conecuh county.
Michel, Richard Frazer, Montgomery, Montgomery county.
Prince. Francis Marion, Bessemer, Jefferson county.
Total, 7.

GRAND SENIOR COUNSELLORS.

Baldwin, Benjamin James, Montgomery, Montgomery county.
Cason, Davis Elmore, Asheville, St. Clair county.
Fletcher, Richard Mathew, Sr., Madison Station.
Franklin, Charles Higgs, Union Springs, Bullock county.
Goggans, James Adrian, Alexander City, Tallapoosa county.
Goodwin, Joseph Anderson, Jasper, Walker county.
Huggins, Jacob, Newberne, Hale county.
Inge, Henry Tutwiler, Mobile, Mobile county.
Jay, Andrew, Evergreen, Conecuh county.
Jones, Capers Capehart, East Lake, Jefferson county.
Kendrick, Joel Cloud, Greenville, Butler county.
Lowry, Samuel Hickman, Huntsville, Madison county.
Nolen, Abner Jackson, New Site, Tallapoosa county.
Redden, Robert James, Sulligent, Lamar county.

Robertson, Thaddeus Lindlay, Birmingham, Jefferson county.
Sanders, William Henry, Mobile, Mobile county.
Searcy, James Thomas, Tuscaloosa, Tuscaloosa county.
Sholl, Edward Henry, Birmingham, Jefferson county.
Sledge, William Henry, Mobile, Mobile county.
Stovall, Andrew McAdams, Jasper, Walker county.
Thetford, William Fletcher, Talladega, Talladega, county.
Trent, Powhattan Green, Roanoke, Randolph county.
Whaley, Lewis, Birmingham, Jefferson county.
Total Grand Senior Counsellors, 23.

SENIOR COUNSELLORS.

Blake, Wyatt Heflin, Wetumpka, Elmore county.
Coley, Andrew Jackson, Alexander City, Tallapoosa county.
DeWeese, Thomas Peters, Gamble Mines, Walker county.
Duggar, Reuben Henry, Gallion, Hale county.
Goode, Rhett, Mobile, Mobile county.
Harlan, John James, Hackneyville, Tallapoosa county.
Heacock, John William, Alpine, Talladega county.
Hill, Luther Leonidas, Montgomery, Montgomery county.
LeGrand, John Clark, Birmingham, Jefferson county.
Maréchal, Edwin Lesley, Mobile, Mobile county.
Wheeler, William Camp, Huntsville, Madison county.
Whitfield, Bryan Watkins, Demopolis, Marengo county.
Wilkinson, John Edward, Prattville, Autauga county.
Total Senior Counsellors, 13.

JUNIOR COUNSELLORS.

Andrews, Glenn, Montgomery, Montgomery, county.
Bell, Walter Howard, Oxford, Calhoun county.
Brown, George Summers, Birmingham, Jefferson county.
Cameron, Mathew Bunyan, Sumterville, Sumter county.
Carson, Shelby Chadwick, Greensboro, Hale county.
Davis, William Elias Brownlee, Birmingham, Jefferson county.
Desprez, Louis W., Russellville, Sumter county.
Frazer, Tucker Henderson, Mobile, Mobile county.
Gay, Samuel Gilbert, Selma, Dallas county.
Harper, Robert Franklin, Ozark, Dale county.
Harrison, William Groce, Talladega, Talladega county.
Heflin, Wyatt, Birmingham, Jefferson county.
Hill, George Armstrong, Wynnette, Talladega county.
Howle, James Augustus, Wetumpka, Elmore county.
Hunter, Henry Mitchell, Union Springs, Bullock county.
McLaughlin, James Madison, Springville, St. Clair county.
McWhorter, Horace Puckett, Collinsville, DeKalb county.
Moody, Henry Altamont, Bailey Springs, Lauderdale county.

Moody, Fleming Isaac, Dothan, Henry county.
Moon, William Henry, Goodwater, Coosa county.
Murray, Michael William, New Decatur, Morgan county.
Parke, Thomas Duke, Birmingham, Jefferson county.
Perry, Henry Gaither, Greenville, Butler county.
Quin, William Everett, Fort Payne, DeKalb county.
Riggs, Edward Powell, Birmingham, Jefferson county.
Robinson, Thomas Franklin, Bessemer, Jefferson county.
Sutton, Robert Lee, Orrville, Dallas county.
Swann, Joseph Charles, Wedowee, Randolph county.
Waller, George Platt, Montgomery, Montgomery county.
Watkins, Isaac LaFayette, Montgomery, Montgomery county.
Whitfield, James Bryan, Jefferson, Marengo county.
Wyman, Benjamin Leon, Birmingham, Jefferson county.
Jones, Eli Speers, Gadsden, Etowah county.
Total Junior Counsellors, 33.

DELEGATES.

Autauga County—M. D. Smith, Prattville.
Baldwin County—None.
Barbour County—B. F. Bennett, Clayton; G. W. Huey, Baker Hill.
Bibb County—T. E. Schooler, Centerville; J. U. Ray, Jr., Blocton.
Blount County—D. S. Moore, Clarence.
Bullock County—T. P. Harris, Mascot.
Butler County—H. Green, Bolling.
Calhoun County—J. M. Whiteside, Oxford.
Chambers County—W. H. Hudson, LaFayette.
Chilton County—None.
Cherokee County—R. L. McWhorter, Gaylesville.
Choctaw County—None.
Clarke County—J. M. Cobb, Grove Hill.
Clay County—None.
Cleburne County—J. D. Creamer, Abernathy; T. J. Johns, Edwardsville.
Coffee County—None.
Colbert County—None.
Conecuh County—None.
Coosa County—W. H. Holloway, Kellyton.
Covington County—None.
Crenshaw County—F. M. T. Tankersley, Highland Home.
Cullman County—J. Yielding, Cullman.
Dale County—None.
Dallas County—R. P. Chisolm, Summerfield.
DeKalb County—E. P. Nicholson, Valley Head.
Elmore County—J. W. Sewell, Titus; W. A. Warren, Wetumpka.
Escambia County—W. L. Abernathy, Flomaton.

Etowah County—W. F. Ford, Hokes' Bluff; R. F. McConnell, Attalla.
Fayette County—T. M. Peters, Fayette.
Franklin County—None.
Geneva County—A. R. Chapman, Geneva.
Greene County—T. W. Smith, Union.
Hale County—None.
Henry County—W. M. Ryalls, Cowarts.
Jackson County—W. C. Maples, Scottsboro.
Jefferson County—J. N. Killough, Huffman; C. Wilson, Birmingham.
Lamar County—W. L. Morton, Vernon.
Lauderdale County—J. M. Pierson, Florence.
Lawrence County—C. S. Chenault, Mount Hope.
Lee County—None.
Lowndes County—S. W. Purifoy, Lowndesboro.
Limestone County—Node.
Macon County—None.
Madison County—T E. Dryer, Huntsville; C. Pettus, Monrovia.
Marengo County—W. S. Tucker, Luther's Store; C. B. Whitfield, Demopolis.
Marion County—T. J. Springfield, Guin.
Marshal County—T. A. Casey, Albertville; W. P. Hall, Hyatt.
Mobile County—P. J. Glass, Mobile; S S. Tam, Mobile.
Monroe County—None.
Montgomery County—M. B. Kirkpatrick, Montgomery; H. B. Wilkinson, Montgomery.
Morgan County—None.
Perry County—O. L. Shivers, Marion; E. Swann, Sprotts.
Pickens County—None.
Pike County—W. S. Sanders, Milo; J. M. Watkins, Tarentum.
Randolph County—W. L. Heflin, Roanoke.
Russell County—W. B. Hendrick, Hurtsboro.
St. Clair County—J. W. Ash, Springville.
Shelby County—D. L. Wilkinson, Montevallo.
Sumter County—W. J. McCain, Livingston; A. L. Vaughan, Cuba.
Talladega County—A. G. Sims, Renfro; S. W. Welch, Alpine.
Tallapoosa County—W. G. Carlton, Dudleyville.
Tuscaloosa County—J. M. Clifton, North Port.
Walker County—D. M. Davis, Cordova.
Washington County—C. LeBaron, Yellow Pine; W. W. Shoemaker, Frankville.
Winston County—W. I. Graylee, Lynn.
Wilcox County—None.

Total number of counties sending delegates..... 48
Total number of delegates in attendance..... 64

VISITORS.

J. C. Abernathy.....Birmingham.
H. A. Alexander..... "
R. H. Baird.....Tremble.
F. E. Baldridge.....Huntsville.
R. C. Bankston.....Birmingham.
J. W. Barclay..... "
E. E. Barnes..... "
J. B. Bass.....Ashville.
R. A. Berry.....Birmingham.
T. H. Bonner.....Hickory Flat.
B. F. Borden.....Blossburg.
W. R. Brassell.....Montgomery.
R. T. Byrd.....Birmingham.
G. M. Callaway.....Pinckneyville.
E. T. Camp.....Gadsden.
G. C. Chapman.....Birmingham.
W. R. Chapman.....Simpkinsville.
R. Cotten.....Birmingham.
C. Drennen..... "
M. N. Due..... "
J. J. Duncan..... "
J. A. Edmonson.....Anniston.
A. J. Farley.....Collinsville.
R. M. Fletcher, jr.....Huntsville.
W. M. Gamble.....Wetumpka.
J. D. Gibson.....Birmingham.
E. T. Glass..... "
R. J. Griffin.....Moundville.
J. G. Griggs.....Birmingham.
C. L. Guice.....Harris.
A. L. Harlan.....Alexander City.
W. W. Harper.....Selma.
J. T. Harwell.....Ishkooda.
E. Hays.....Cullman.
H. T. Heflin.....Bessemer.
A. T. Henley.....Birmingham.
R. S. Hill.....Montgomery.
J. W. Hirst.....Thomas.
J. R. Horn.....Luverne.
W. H. Hutchinson.....Childersburg.
C. H. Jernigan.....Birmingham.
J. O. Kennedy.....Kennedy.
W. J. D. Lawrence.....Turkeytown.
J. K. Lindsey.....Vernon.
W. J. Love.....Pinson.

W. L. May.....Birmingham.
S. J. McCurry.....Anniston.
E. P. McGehee.....Town Creek.
E. P. McKinney.....Kelleyton.
A. H. Montgomery.....Montgomery.
J. F. Moore.....Orrville.
J. M. Naff.....Birmingham.
T. H. Payne.....Hillman.
J. Payne..... "
C. F. Pearson.....Montgomery.
B. R. Pearson..... "
L. W. Pitchford.....Eastaboga.
C. T. Pollard.....Montgomery.
W. T. Pride.....Madison Station.
W. W. Ransom.....Birmingham.
J. E. Robbins..... "
E. M. Robbinson.....Bessemer.
M. Rogers.....Birmingham.
W. L. Rosamond.....Warrior.
H. N. Rosser.....Leeds.
J. J. Sellers.....Adamsville.
C. R. Sexton.....Birmingham.
F. T. Smith.....Chattanooga, Tenn.
W. G. Somerville.....Tuscaloosa.
R. P. Steadham.....Childersburg.
D. F. Talley.....Birmingham.
F. M. Thigpen.....Montgomery.
G. B. Thomas.....Sewanee, Tenn.
T. C. Thorington.....Montgomery.
B. S. Warren.....Clayton.
W. B. Westcott.....Montgomery.
W. Y. White.....Spring Garden.
W. H. Wilder.....Birmingham.
W. C. Wood.....Dolomite.
C. Woods.....Sulligent.
T. B. Woods.....Bell.
H. B. Upchurch.....Carrollton.
Total, 82.

SUMMARY.

Grand Senior Life Counsellors	7
Grand Senior Counsellors	28
Senior Counsellors	13
Junior Counsellors	38
Delegates	64
Visitors	82
Total	222

The Association was called to order promptly at 12 M., by the President, Dr. L. L. Hill, of Montgomery, and opened with prayer by Rev. W. J. Murray, of Birmingham.

The President then introduced Dr. A. T. Henley, President of the Jefferson County Medical Society, who delivered the following .

ADDRESS OF WELCOME.

Mr. President, and Gentlemen of the
Medical Association of the State of Alabama:

Since the Jefferson County Medical Society last had the pleasure of acting in the agreeable capacity of host to this distinguished body, it has managed to keep itself intact, and to steadily pursue the purposes of its organization, so that I am now able to extend to you, in its behalf, the cordial welcome of the largest County Medical Society in the State. It is not only the largest society, but I can truthfully say that there is none more progressive, more devoted to the pursuit of science, and the welfare and honor of the profession, and certainly none which can more fully appreciate the honor of having you as its guest.

We are all anxious to make this meeting a success, and to see that each and every visitor may get the full benefit of it, and at the same time have as pleasant a stay in our midst as possible.

To that end, gentlemen, as President of the Jefferson County Medical Society, I pledge that every member of it is at your service, ready to do your bidding.

Since the last meeting of this Association, our local society has been sadly afflicted, by the hand of Providence, in the death of some of our oldest, most highly honored and beloved members; and I know you will pardon me for stopping a moment to pay a slight tribute to their memory.

That venerable, pious and accomplished physician, Dr. John C. Dozier, is no more; that learned, wise and skilled diagnostican and genial gentleman, Dr. Charles Whelan, has "crossed over the river;" and last, and more recently, our society has been called to mourn the end of the earthly career of that honest, charitable, successful and beloved physician, Dr. William H. Johnston. That brilliant and lovely woman, Mrs. Margaret O'Brien-Davis, wife of our friend, Dr. Jno. D. S. Davis, has passed to her reward, leaving a busy, useful and well-spent life, and a disconsolate husband behind her. While Mrs. Davis was not a physician, she was the friend of the doctor, and every one was her friend.

The historian of this Association will, doubtless, treat more fully

of the character and work of these eminent physicians, and I will leave that to him.

I congratulate you upon the large attendance at this meeting, but I am sorry that we have not three times as many present. The Medical Association of the State of Alabama has a record of thirty years of unselfish labor in the cause of science, and for the good of the public; for it was in the Selma meeting in 1868 that the genius of the lamented Jerome Cochran, with the assistance of sixteen others, inaugurated and set in motion the great body I now have the honor of addressing, so that it not only stands as the peer of all similar organizations, but it holds the proud place of being regarded as a model for others. Truly his good works do live after him, and this Association should never forget to honor his memory and his labors.

But, gentlemen, while it would be unbecoming in me to attempt to point out the line of action for this Association's work (and I am too modest to believe I could do so), yet I think that *onward* should be the watchword, and that every step which would tend to increase the attendance and interest of the profession in its meetings should be taken.

In the cities of Alabama, where most physicians are congregated, and where there can be an interchange of ideas among themselves, and in their societies, it is not so necessary to have a great medical organization, to keep alive an interest in the profession and its work as it is in the country districts of the State; and while the meetings of the State Medical Association should always be made entertaining to every member, they should especially be made so to that worthy member who does so much work and on so little pay, and, in the general average, as good work as any. I refer to that gentleman who has my profound respect, the *country doctor*. Twelve years in the Black Belt as a country doctor, made me amply familiar with the duties which devolve upon him; how long his rides often are; how perplexing the cases and conditions which frequently confront him, and how serious the responsibilities which he must settle unaided, and last, how long he must wait for his reward, a large per cent in fact until Gabriel shall blow his horn; and I am heartily in favor of having the country doctor especially remembered in all things pertaining to the good of the profession

In other words, Mr. President, I hope to see this Association proceed in such a way as to enlarge its scope of usefulness, and to bring into its work the whole profession of the State.

It is a lamentable fact that too many of our good men do not feel called upon to attend its meetings; but your Association has the remedy in your own hands. Take no backward step, ever go forward and enlarge upon what you have already builded and we will have the grandest Medical Association in America.

Since you last met with us our city has been through the throes of protracted hard times, and our people have had much to contend with; but me have many new industries which I hope you will find of interest. To-day we can show you that steel-making is an accomplished fact in Birmingham; and we believe it will not be many years before you will see complaints in the Northern papers of Southern competition in the steel market such as you now see as to pig-iron; and it will not be long before we will be sending our steel products to even old England herself, and underselling her steel-makers in their own markets.

The manufacture of high grade cotton goods will soon be one of the prosperous industries of Birmingham, and I hope you will all have an opportunity of seeing these points of interest.

Our city is not on such a *boom* as it was in the eighties, when so many of us got on the wrong side of the market and lost our hard earned cash; but there has been a steady improvement for several years, and it is not due to McKinley prosperity, either, but to natural resources and advantages. Birmingham is too young a city, to boast of any past history; but we know you will all feel at home in our midst, for our population is largely made up of people from the older cities and towns of the State, and, perhaps, every gentleman present knows some one from his own town or county who will be glad to bid him welcome.

Knowing how much work there is to be done by this Association, I do not feel at liberty to take up your valuable time with my remarks, so in conclusion, Mr. President and gentlemen, let me say that if I have failed in performing the pleasant duty which was put upon me by my brethren of the Jefferson County Medical Society of bidding you welcome, it has been my fault and not theirs, for I assure you, one and all, that we are delighted to have you with us, and in their behalf I bid you thrice welcome.

THE ANNUAL MESSAGE OF THE PRESIDENT.

By Luther Leonidas Hill, M. D., Montgomery.

Senior Counsellor of the Medical Association of the State of Alabama.

Gentlemen of the Medical Association
of the State of Alabama:

In obedience to an established custom coeval with the existence of the Medical Association of the State of Alabama, I now respectfully submit the annual message. My official life as your presiding officer commences to-day, and to the best of my ability I will endeavor to maintain the dignity of this high office and to discharge its duties with impartiality.

It is both the interest and industry of individual members that impart animation and give promise of protracted, vigorous, and useful life to this Association. There has certainly been no abatement of interest because the average attendance was greater, and industry has not decreased for more papers were prepared for the last meeting than at any previous time. The Transactions for 1897, is larger and contains more scientific work than any that has been issued for several years. I will not mention what has been done in the county societies during the past year as you will no doubt get full reports from your vice-presidents. We have every reason to hope and expect that our sessions will become more and more interesting and instructive.

We have been under the necessity of mourning the loss of the organizer of this great Association, Dr. Jerome Cochran, and to show the high esteem, veneration and respect with which we cherish his memory I recommend that the future presidents of this Association appoint some eminent medical man, either in Alabama or from a distance, to

deliver an address pertaining to medicine, to be known as the "Jerome Cochran Oration." This if possible, should be the first medical paper read. The State of Alabama has incorporated the name of Peter Bryce with that of the Alabama Insane Asylum, the College of Physicians of London have annually their Harveian oration, the College of Physicians of Philadelphia have their Mütter pathological lectures, and why should not this Association "pay to noble dust the tribute of its love?"

The melancholy duty devolves upon the Historian to inform you of the irreparable loss sustained by the Association in the death of two censors, three honored ex-Presidents, and your efficient Secretary, Drs. Chas. Whelan, S. D. Seelye, F. M. Peterson, B. W. Toole, W. H. Johnston, and J. R. Jordan. Their long and eminent services contributed largely to the upholding of organized medicine in the State of Alabama. To fill the vacancies on the Board of Censors I appointed Dr. Wyatt Heflin, of Birmingham, and Dr. Jacob Huggins, of Newberne. Dr. George P. Waller, of Montgomery, was made Secretary. It is unnecessary for me to speak further of these gentlemen, as their work and worth is appreciated by this Association.

In view of the fact that the work of the Secretary of the Association has greatly increased owing to the augmentation of membership to 1,081, and the enhanced importance of the organization, I respectfully recommend that he be allowed an additional sum of $10.00 a month for the pay of a stenographer for a couple of hours a day, so that he will be enabled to keep abreast of his work. We pay our Secretary only $250.00 a year and out of this he pays $10.00 counsellors dues, and $120.00 for a stenographer if he completes the work in a reasonable time, which leaves him the miserly sum of $120.00 to compensate him for the daily writing of between twelve and fifteen letters, assisting in getting out the Transactions, and keeping himself informed as to the changes in the College of Counsellors and members. By reference to the Book of the Rules bearing upon the

Secretary and his duties, it is evident that he does not "the primrose path of dalliance tread."

I find, upon investigation, that the other members of the Publishing Committee are required to spend about three hours a day during the printing of the Transactions, say for about sixty days, it does not seem just that these gentlemen who are in full practice, should be called upon to do this work gratis especially as the Treasurer's books show a good surplus. I, therefore, recommend that a compensation to the amount of $50.00 each be granted them. I think the annual changing of the members of the Publishing Committee a great mistake. They should be retained so long as they are willing to serve, as familiarity with the work greatly facilitates the prompt issue of the Transactions.

The resolution offered by Dr. Brown at our last meeting, amending articles 12, 13, 14, 15 and 16 of section 5 of the Constitution of the Medical Association of the State of Alabama is so familiar to all and the subject has been so thoroughly exhausted by Drs. Brown, Baldwin, Robertson, Henley, and Wilson in the Alabama Medical and Surgical Age, that for me to discuss it now would be to you "so tedious as a twice told tale." I will, however, state that experience teaches the embitterment engendered by personal inconveniences and interference with commerce incident to the prevalence of yellow fever in a community usually crystalizes into antagonism to health officers and laws. Unquestionably counsellors distributed throughout the State are powerful factors in the maintenance of our laws and it would be inopportune, certainly, at this time of public unrest, to curtail their duties and responsibilities to the Association.

There seems to be a peculiar lethargy on the part of the courts in punishing illegal practitioners. The quibbling of some of our legal friends is an intolerable forensic nuisance, delaying and in many instances defeating justice, and by toleration disgracing our courts. I am reliably informed, even where we have had a grand jury willing to indict these medical misfits the judge has through leniency encouraged violation of law. It is this same dilatory and temporizing

spirit displayed in capital cases that tends towards lynching as extreme remedy for unredressed wrong. Good laws, faithfully enforced, make good citizens, when the wisdom of the law and its energetic enforcement gives adequate protection, good citizens are always law abiding, but when the law perseveringly fails in this, whether from inherent defects or relaxed enforcement, or both, the best citizen has no remedy but revolution. Good citizens are often stigmatized with the odium and criminality of mobocracy and their lives endangered, when justly the odium and criminality lies primarily at the door of an incompetent, timid, or indecisive judiciary. Peace and good order always follow in the wake of wise laws wisely expounded and promptly and energetically enforced. It should be the duty of the County Board of Censors to employ counsel and vigorously prosecute this class of criminals, and after conviction, use their influence in seeing that the severest penalty that the law allows is applied.

I do not believe that the county health officer's work should end with his collection of vital and mortuary statistics. It should be his duty to visit the poor house and county jail once a month, as a guardian of public health, and as sanitary adviser make suggestions to the commissioners which may have a salutary effect upon this helpless, diseased, and unfortunate class of our community. To do this work properly entails great labor and I know of no officeholders more miserly paid. I have in mind now a health officer who by actual count, rode over fifteen hundred miles by private conveyance during the summer and autumn of 1897, investigating an epidemic of small-pox, and his salary remained $600.00 a year.

The policy adopted by some of the boards of revenue in Alabama of allowing the applicant who bids lowest to become the custodian of the county paupers, promising to furnish medical attention, is worthy of the highest condemnation. There should be in all, as in some counties, a distinct and separate contract with the keeper and the physician. The boards of revenue are officially, by special appointment,

the guardians not only of human comfort, but life, and the duty is upon them to see to it that these helpless unfortunates shall be humanely treated and have medical attention like that which waits on them or their families when assailed by disease. Nothing short of this acquits them of moral responsibility. Life is to both equally the gift of God, and if its charm is not broken by disease and suffering, equally dear to both and in both instances equally valued, and sacred, and the guardianship of it must be equally vigilant in both cases, for the responsibility is intensified by the fact that these unfortunates have no option, their keeping, their health and life is by the civil authorities committed to the custody of the board, and its decision is final for them, whether a worthy or unworthy man is in charge, for they have no ability to call in any other assistance. With honorable men, principles are immutable and eternal, but with sensible men, policy is flexible and mutable. A policy that may be admissible and even wise in a matter of minor importance may not only be unwise but the height of rashness in one of the first magnitude. The whole object of jurisprudence and civil government is to protect and happify human life, therefore no object can be paramount to its preservation in the eye of an intelligent government official. Is it sound policy to adopt the same inflexible rule of economy in employing a keeper of an eleemosynary institution who has to deal with suffering humanity, and a mechanic to repair a gas pipe? Let them fix a salary that will command the services of good and capable men. Employ the physicians themselves and remunerate him sufficiently that he may be justified in giving liberally his time and attention to these unfortunates.

One of the most difficult problems that presents itself to the profession is the proper education of the medical student. If we expect to see in this country Mr. Gladstone's prediction fulfilled, that the medical profession is going to increase in influence and power, we must insist upon a more thorough curriculum in the medical colleges, and more rigid examinations by the State Examining Boards. It is essen-

tial that the student shall have a fair literary education before commencing the study of medicine, that he may be better able to grasp the great principles of his profession.

The elder Gross, after studying medicine for some time, found that his Latin was inadequate, and that he could not understand the technicalities of medicine without some knowledge of Greek, wisely discontinued his medical studies for two years, that he might properly prepare himself at the Wilkesbarre Academy for the study of a profession in which he challenged admiration wherever the science and art of surgery is known. We lay it down as a postulate which no intelligent man will deny, that whatever method is most conducive to the betterment of professional standing, and will supply the people with more thoroughly equipped doctors, should be unreservedly adopted. Herbert Spencer tells us, in order of time, decoration precedes dress. The Orinoco Indian woman who would not hesitate to expose herself without a vestige of clothing, could not be induced to leave her hovel without the customary paint. The predominance of the ornamental over the useful is equally patent in mind as in body, "Not what knowledge is of most real worth is the consideration, but what will bring most applause, honor, respect—what will most conduce to social position and influence—what will be most imposing." A lady whose cheek would be suffused with the blush of shame at the least mistake in detailing the story of Pyramus and Thisbe would readily admit her ignorance of the number of her ovaries or the location of her cornea. The medical student, and often his professor, is equally unmindful of the importance of considering the relative value of knowledge. Perhaps he would readily give you a description of the orbital process of the palate bone in the quiz, and be unable to ligate the superficial femoral at the apex of Scarpàs triangle in the dead house. He would give most accurately the number of coverings of oblique inguinal hernia and be unable to distinguish upon the operating table the sac from the gut.

"Not to know at length of things remote from use obscure and subtle.
But to know that which before us lies in daily life is prime wisdom."

The student should be given the data in the professors didactic lectures upon the most important questions and be required to verify them by experiments in the laboratory and observation in the wards of the hospital. It is impossible to accomplish this without graded courses, and I am glad to say the preposterousness of admitting all the students together to hear the same lectures year after year has been appreciated by many of the most influential medical schools throughout the country. But so long as the baleful system of the professors salaries being dependent upon the number of the students and graduates prevails in most of the 140 medical colleges in the United States, so long must we expect a lowered standard of medical education. Now I do not say this is the case with every medical college, but it is perfectly plain that pecuniary interest prompted the organization of many of the medical colleges in this country, and is a most important factor in the annual spawning of countless, illy prepared, incompetent doctors. To a rigid disinterested State examining board the people are compelled to look for protection. We cannot maintain a higher order of qualification in Alabama so long as we have sixty-six examining boards, which our late senior censor admitted meant virtually sixty-six different standards of medical requirement. It is not an uncommon thing for a candidate to go from board to board in quick succession until finally he secures his certificate. I am aware it is stated that a certain time must intervene between the examinations, but it is impossible to enforce the law as the boards have no means of being informed. It was unquestionably wise to have these county boards at the time they were formed, for Dr. Cochran said without them "more than half the county societies in the State would not have been organized at all." They have now fulfilled their mission and we must look for the best means of securing thoroughness of examinations. The same authority says it can be best accomplished through a single State board—it matters not whether the board is selected by electing a representative from each congressional district, or any other geographic division, or

leaving the matter in the hands of our present State Examining Board, provided some of them will occasionally change their questions, there should be only one standard of medical requirement in the State. There exists a timidity on the part of the profession in attempting any change in our laws, however necessary, for fear of developing opposition in the legislature. We cannot hope to have the support of every gadding political offshoot any more than we can expect "to expand the straightened forehead of a fool," and convert it into a spacious dome of thought, but we will have in the future, as we have always had, the support of capable men in the perfection of our laws and rendering them as impregnable as the rock of Gibraltar.

From the earliest times, laws have been enacted for the preservation of the health and safety of mankind, and those nations whose sanitary ordinances have been most rigidly enforced have enjoyed the greatest freedom from diseases. The great Disraeli said that "the health of the public ought to be one of the chief considerations of the statesman." When we consider the rapid transit occasioned by modern steamships and the great iron roadways with their ponderous locomotives, dragging hundreds of people across the continent within the short period of five days, it is not surprising that with these facilities for travel and the great transportation of commodities it has been necessary from time to time to vary statutory enactments and harmonize them with the different conditions of our country and foreign lands with reference to infectious diseases for the higher demand of public safety however much commerce may be interfered with, and personal rights restricted. After the prevalence of yellow fever in many of the Southern States during the summer and autumn of 1897 it became apparent from publications in the secular press that the question of a national quarantine was being agitated by the laity. Communications bearing upon the measure were forwarded from commercial clubs to our representatives in Congress.

Knowing how thoroughly defective legislation of that

character becomes when not directed by medical men I considered it wise to call an extra session of the State Committee of Public Health, which was held in the city of Montgomery on the 20th of December, 1897, and at that meeting suggested that they would formulate a plan by which our representatives at the national capital might be properly advised. I also proposed that the Alabama board would inaugurate a movement whereby the boards of health of the Gulf States could meet together and, by concert of action, prevent any undesirable legislation, but secure that which was most conducive to the welfare of the people. Dr. Sanders was present and stated that with the approbation and assistance of Governor Johnston he had initiated a scheme whereby he hoped at an early day to call a convention in the city of Mobile, composed not exclusively of doctors but representatives of different professions, and business men, and familiarize the public generally with the question of quarantine. In other words, he hoped to have what he termed an educational convention. After considerable discussion as to the time and place of calling a meeting of the different boards of health of the South Atlantic and Gulf States, the following resolution was adopted:

"*Resolved*, That the President of the M. A. S. A. be requested to invite the members of the State boards of health of the South Atlantic and Gulf States, participating in the proposed convention at Mobile, to be present at a meeting to be held in Mobile the day preceding the regular meeting of the convention for the purpose of a conference."

At a subsequent meeting of the Committee of Public Health this action was rescinded, as the committee realized but little could be accomplished in one day, and as a feeling of antagonism had already arisen towards some of the medical promoters of the Mobile Convention, such a meeting, it was thought, might accentuate the prejudice. I regretted not being able to attend, but learned from an editorial in one of our leading Southern medical journals that "very little, if anything, was accomplished in a practical way."

Judge Taney said: "Disease, pestilence, and pauperism are not things to be regulated and trafficked in, but to be prevented, as far as human foresight or human nature can guard against them." I quite agree with Professor Chaille, in his excellent paper on National Health Organization, read before the Orleans Parish Medical Society early in December, 1897, that the great Chief Justice's idea with reference to disease and pestilence can be best carried out through the agencies of a national health organization, a State board of health, and a county board of health. In the spring of 1879, Congress created a national board of health, composed of one representative from the army, one from the U. S. Marine Hospital Service, one from the navy, seven members, (not more than one of whom from any one State,) and a member from the Department of Justice. The authority of the board was, from time to time, increased, until they had power to regulate commerce and travel, and in co-operation with State boards, enforce rules preventing the introduction of contagious and infectious diseases from foreign ports into the United States, or from State to State. This board has never been abolished, but was rendered inert several years ago by the failure of Congress to make the necessary appropriation for the expenses of the organization. It is clearly the duty of the National Government to protect the States against infected foreign ports, and to enforce sanitary measures preventing the introduction of disease from one State into another. The Federal Constitution guarantees to every State in the Union protection against invasion, and is it not as necessary to prevent the importation of diseases as the landing of a hostile army?—for the bacillus icteroides is more relentless in causing death and destruction than the projectile of the Chassepot. According to Surgeon General Wyman, yellow fever has been imported into this country eighty-nine times within the last ninety-eight years. Thirty-five of these importations came from Cuba, and twenty-three of the thirty-five from Havana—a city notorious for its insanitation. The United States Government requires every vessel from

Cuba landing south of Maryland from May to November to be thoroughly disinfected and held for five days at a quarantine station, and those passengers not immune are prohibited from entering Florida during the time. The rigid enforcement of these regulations—necessitating the expenditure of large sums of money, serious interference with commerce, and inconvenience of travel—does not afford the protection to which the South Atlantic and Gulf States are entitled. I believe the solution of the problem lies, in addition to the above precautionary measures, that the General Government either should require Havana to be immediately placed in a proper sanitary condition or complete interdiction of intercourse with island of Cuba during the summer months. The same sanitary requirements should be demanded of any other port which might be a source of menace to this country. It would be unwise for the national health organization to attempt the control of intra-State sanitation, as the United States Supreme Court is very decided in its opinion "that a State of the Union has the same undeniable and unlimited jurisdiction over all persons and things within its territorial limits as any foreign nation, where that jurisdiction is not restrained by the Constitution of the United States." This clearly belongs to the domain of State and County boards of health. The former adjudicating differences between counties and communities, and the latter supreme in local matters.

THE ANNUAL REPORT OF THE SENIOR VICE-PRESIDENT.

By John Clark LeGrand, M. D., Anniston.

Senior Counsellor of the Medical Association of the State of Alabama.

Mr. President:

In reviewing the work of the medical societies of the northern division of the State of Alabama for the past year, I am glad to report that in a majority of the counties comprising this division the doctors have evinced a loyalty and a devotion to their profession which is, indeed, gratifying, and, in many respects, very encouraging, when we consider the inconvenience which many of the physicians have to undergo to reach the meetings of their county societies—the time lost, and expense incurred—which is necessitated in attending these meetings, we must admit that a very great many of our doctors have a true sense of duty to their profession.

The collection of vital and mortuary statistics have been, in the main, well looked after, and the Committee of Public Health in most of the counties have performed their duties very efficiently. This work, however, could be made productive of greater good, and more would be accomplished if the doctors would co-operate and give their moral and professional support in securing the co-operation of the people in some contingencies with which our county health boards occasionally have to contend. In a few of the counties of the northern division, during the past year, small pox has been very prevalent, and the work which some of our boards have been called upon to do has been very arduous, and made more so because of the fact that the county officials

and those in authority have not been able to appreciate the importance and the magnitude of the work which these boards have had to do, and, hence, while they have been earnest in the endeavor to stamp out this disease and to prevent its spread, they have had to do so, in many respects, under disadvantages.

It is to be hoped that the intelligent part of the medical profession has a higher appreciation of the work to be done, and know the importance of this work so well, that in the future every physician, under these circumstances, will give their influence and support in assisting their respective boards in such work.

In my correspondence with the physicians of the different counties, I am gratified to say that I note a decided improvement in the way of answering the inquiries which I have made. I take this to mean a more active interest on the part of the profession in the State Association and in all of its organizations. I mention this fact because my predecessors have had cause to make complaint that the physicians did not respond to their letters, and because I have noticed an improvement myself over last year in this respect, and I take the liberty to say, Mr. President, that, to my mind, one of the best indications of a live, active, up-to-date doctor is indicated in the promptness with which he looks after his business and answers correspondence. I trust that my successor will enjoy even greater improvement in this one respect than I have the pleasure to report to you at this time.

From the reports that I have received I give the following:

Bibb County Medical Society.—The report shows that Bibb county is fairly well organized. Meetings are held quarterly on the first Tuesday in January, April, July, and October. There are no illegal practitioners in the county. The salary paid the health officer has been $25.00; recently it has been raised to $125.00. This is one of the counties in which the Committee of Health had to contend with some cases of small pox during the past year, and hence we see

indications of appreciation on the part of the county's commissioners, in that the health officer's salary has been raised. There are fourteen active members in the society. There are twelve physicians in the county who are not members. Papers are read and discussed at most of the meetings. There are two young men in this county attending medical lectures.

BLOUNT COUNTY MEDICAL SOCIETY.—This county seems to have made some improvement during the past year, though there is room for greater development. The health officer does his work fairly well, and receives a salary of $75.00 per annum. Meetings are held, and some interest taken. There are no irregular doctors reported in this county.

CALHOUN COUNTY MEDICAL SOCIETY.—Five meetings were held during the past year, which were well attended. A number of papers were read, and cases reported and discussed. There are twenty-four active members of the society, and four honorary members. There are sixteen doctors in the county who are not members of the society. There is but one young man from this county attending medical college. The county health officer does his work efficiently and receives a salary of $200.00 per annum. Several physicians have made application to the board for examination to practice medicine in the State. At the time our report was received, but one had succeeded in passing a successful examination. There will be two delegates at the meeting of the State Medical Association to be held in Birmingham.

This society, we are glad to say, maintains its position, which it has held for years, as one of the most loyal and substantial societies in the State.

CHEROKEE COUNTY MEDICAL SOCIETY.—"Last year we were compelled to make an unfavorable report on the condition of this society. We have made an earnest effort to get things in a better condition in this county. A few months ago Dr. H. L. Ison, of Centre, undertook the work of reorganizing this society, and we are glad to state that on the

first day of this month a number of physicians met at the county site and effected a reorganization of the society. Dr. Ison was unanimously elected its president, and promises to do his best to induce all of the physicians in the county to become members of the society, and to take an active part in building up the same."

We are informed that delegates will attend the meeting of the State Medical Association. Health officer is paid $150.00. His work is systematic and satisfactory.

CLAY COUNTY MEDICAL SOCIETY.—We regret to say that the report from this county is not encouraging. One of the physicians, who has been a faithful worker, writes me:

"The society is doing but little good, and but one meeting has been held during the past year. Not more than half a dozen physicians were in attendance at this meeting. There have been no papers read or discussed in the society for a number of years. The health officer has done his work as efficiently as could be expected under the circumstances, and has succeeded fairly well in the collection of vital and mortuary statistics. There are fifteen doctors in this county. There are no medical students attending medical lectures from this county."

It is to be hoped that Clay County will come in line, and those who have worked heretofore so efficiently will take up the work again, and that they will have such success as they will be encouraged to hold out faithfully to the end.

CLEBURNE COUNTY MEDICAL SOCIETY.—We have had a very satisfactory report from this county, but we understand that the society work is still kept up. The health officer does his work fairly well. Meetings are held quarterly. The salary of the health officer is $15.00 per annum.

COLBERT COUNTY MEDICAL SOCIETY.—We had entertained the hope that we would get a better report from this society this year than we had last, but have failed to do so. We have no information with reference to health officer, nor, indeed, have we received anything that is sufficiently definite to enable us to make a report for this society.

COOSA COUNTY MEDICAL SOCIETY.—The county health

officer receives a salary of $50.00 per annum. Two meetings have been held during the past year, which were fairly well attended. Members of this society should make a greater effort to induce the physicians of the county to attend the meetings, and they should have their meetings at least quarterly.

CULLMAN COUNTY MEDICAL SOCIETY.—This society holds monthly meetings on the first Monday evening of each month. The county health officer does his work very efficiently, and receives a salary of $100.00 per annum. There are eleven active members in the society, and twelve physicians in the county who are not members of the society. There are no irregular doctors in the county. There are no medical students taking lectures from this county. Papers are read and discussed at every meeting of the society.

This society is in good condition, doing good work, and should be reckoned as one of the best societies in North Alabama.

DEKALB COUNTY MEDICAL SOCIETY.—The report from this county shows that this society has done better work during the past year than at any time since its organization. Monthly meetings have been held, and interesting papers have been read and discussed, and a lively interest manifested by all regular attending members. There are fourteen members of the society. There are thirteen physicians in the county who are not members of the society, consisting of regulars, irregulars, and defectives. There are two young men from this county attending medical lectures. Dr. E. P. Nicholson is county health officer, and is paid a salary of $100.00 a year, and he is doing efficient work.

ETOWAH COUNTY MEDICAL SOCIETY.—The report from this society indicates some improvement over last year. Five meetings have been held. No papers have been read, but eighteen interesting cases have been reported and discussed by the members present. This society has sixteen members, and there are fifteen doctors in this county who are not members. There are no irregular doctors in this county. Dr. E. T. Camp has done very satisfactory work as health

officer, and receives $160.00 a year as his compensation. The condition of this society is said to be better than at any time during the past three years.

FAYETTE COUNTY MEDICAL SOCIETY.—"This society holds its meetings quarterly, at which papers are read and discussed and cases are reported by the members. There are ten members who are active in the work and take an interest in the meetings of the society. There are two physicians in the county who are not members of the society. There is but one illegal doctor in the county, and he was convicted at the fall term of court for practicing in violation of the law, but our information is that he has not been fully convinced of his error, and continues to dispense his medicines."

It is to be hoped that the law-abiding citizens and those who can appreciate the great importance of our medical laws, will be able to put an end to this violator of the law, and a stop to his present avocation, and a determined effort on the part of those who have a high sense of duty will prove that the law is supreme.

"The health officer received $150,00 for his services last year. We regret to say that the commissioners have indicated an unwillingness to pay the same amount for the present year. There are three young men taking medical lectures from this county."

As will be seen, the report will justify us in saying that Fayette county is maintaining its position as one of the best societies in North Alabama.

FRANKLIN COUNTY MEDICAL SOCIETY.—The Secretary of the Franklin County Medical Society begins his report by saying:

"Our society is now looking up. We have had eight or ten meetings during the past year. Dr. L. W. Desprez is now health officer, elected to succeed Dr. J. K. Clark, who served for the past year. No salary is paid the health officer in this county. Dr. Clark has done his work as efficiently as it could be done without compensation. There are fifteen members in this society, and five physicians who

are not members, and there are some irregulars, but we have not been able to find out just how many. There are four or five young men taking medical lectures. Papers have been read and discussed at a few of the meetings of the society. The county society will likely be represented at the State Medical Association in April. It should be mentioned that it requires quite an effort to secure reports from the physicians on vital and mortuary statistics in this county," so our reporter says.

JACKSON COUNTY MEDICAL SOCIETY.—We are glad to be able to make a more encouraging report from this society. Meetings are held monthly on the first Tuesday of each month and are well attended. The health officer has done his work well, and is paid $150.00 annually. There are ten active members of the society, and twenty-two physicians in the county who are not members of the society. Occasionally one of the "irregular class pops up," so says our reporter, "but we have him before the court at once."

We note that our informant makes no further comment at this point, but it is well that we may say that if in every county the physicians would take these irregulars before the court, the time would soon come when an irregular practitioner in the State of Alabama would be a thing of the past. There are no young men attending medical lectures from this county. Papers are read and discussed at most of the meetings. It is the rule of this society to appoint members to read papers at the meetings, and in this way many of the members are encouraged to write and read interesting and profitable papers.

JEFFERSON COUNTY MEDICAL SOCIETY.—This county continues to maintain the position which it has held for several years in the past, to be one of the best societies in the State, if not in the South. The board of health has had a vast amount of work to do during the past year, during the epidemic of small-pox which existed in the city and surrounding country. The board of health and the health officer met the responsibility with commendable courage and did their work faithfully and efficiently. The health

officer receives a salary of $75.00 a month for his services, and I am informed that he does his work very satisfactorily. There are 100 active members in the society. Meetings are held twice a month, and are well attended. At every meeting papers are read, cases are reported and interesting discussions are had. There are 100 physicians in the county who are not members of the society. There are no illegal doctors practicing medicine in this county.

LAMAR COUNTY MEDICAL SOCIETY.—Our informant says: "We regret to report that our society is doing but little good. One or two meetings have been held during the past year. The health officer has done his work fairly well. He has received a salary of $40.00, until recently it has been raised to $65.00. There are three young men from this county attending medical lectures. There are no irregular physicians. It is encouraging to note that while the salary paid the health officer is not what it should be, yet the advance made by the county commissioners shows some indication of their appreciation for this work.

LAUDERDALE COUNTY MEDICAL SOCIETY.—We are pleased to note that the Lauderdale County Medical Society is in good condition. "Meetings are held quarterly and fairly well attended. The county health officer is paid $25.00 quarterly—$100 annually. He has done his work to the best of his ability under the circumstances, but has failed in his effort to collect vital statistics."

We are not prepared to say that a health officer has done his work well when he receives reasonable compensation and at the same time fails to accomplish the work for which he was elected to perform. "There are sixteen members of the society and nine physicians in the county who are not members of the society. There are three irregular doctors practicing in the county. Two young men from this county attend medical lectures. Papers are read and discussed at the meetings of the society."

Our information is that while the Lauderdale Medical Society has room for improvement, yet the society is in better condition than it has ever been before.

LAWRENCE COUNTY MEDICAL SOCIETY.—This county pays $100.00 annually to the county health officer. He endeavors to do efficient work, but is unable to induce all of the doctors to do their duty in the way of making reports, and hence the work in this respect is slightly defective. There are ten active members of the society. The report does not show the number of physicians in the county who are not members of the society. This society, however, is doing fairly good work.

LIMESTONE COUNTY MEDICAL SOCIETY.—We have had correspondence with a number of physicians in this county and have been promised that an effort would be made to revive the interest in this county, but we have nothing to justify us in saying that the society has made a decided improvement over that of last year. The health officer is reported as doing faithful work on a salary of $50.00.

MADISON COUNTY MEDICAL SOCIETY.—This society has done good work so long that it is difficult for us to believe that the physicians of this county are lacking in their fidelity and interest in their medical society, and while we have been unable to get but meagre information with reference to the work of the past year, yet we entertain the hope that this is not an indication of the members of the society losing interest in their organization, or that they are wanting in appreciation of the great good this society has done in the past, and we put it that inadvertently some one, whose duty it is, has failed to furnish us with sufficient data to make as good a report for this society as it merits. The health officer was reported last year as doing good work, and received a salary of $200.00. We presume there has been no change.

MARION COUNTY MEDICAL SOCIETY.—I am glad to be able to make a better report from this county than I was able to make in my report last year. This society has had four meetings during the past year. There are twelve active members and four physicians in the county who are not members of the society. There are no irregular doctors in this county. There are no young men attending medical

lectures. The outlook for this county is more encouraging than for several years in the past. The health officer does his work fairly well.

MARSHALL COUNTY MEDICAL SOCIETY.—On March the 11th I received a letter from Dr. Casey, of Albertville, in which he says: "Since the death of our lamented Dr. Thomas, of Guntersville, the society of this county has not been well organized. We had a meeting a few weeks ago in the town of Albertville and another meeting is called for the 5th of April." He further says, "I am trying very hard to work up an interest and to have a good attendance at this meeting."

Since receiving the above mentioned letter, I have received a printed programme of the meeting to be held on the 5th and find that several physicians outside of the county have been invited to attend the meeting and to read papers. Judging from the interest manifested by some of the doctors, I am persuaded to say that Marshall County Medical Society should be reported as in good condition. We have no report as to the work of the health officer.

MORGAN COUNTY MEDICAL SOCIETY.—Five meetings have been held during the past year. The health officer receives a salary of $150.00 per annum. There are thirteen members of this society, and twenty-three physicians in the county who are not members. There are no irregular doctors in the county. There are no medical students attending medical lectures from this county. No papers are read or discussed at the meetings. Our informant says: "The members of our society are taking but little interest in scientific work."

PICKENS COUNTY MEDICAL SOCIETY.—I had to report last year that Pickens had not been heard from, and I regret to say that for some cause we are not able to make any improvement on last year's report. Pickens is a good county; has noble people and intelligent doctors, and we think the doctors ought to take more pride in their profession and in their society and let the outside world know something of their whereabouts.

RANDOLPH COUNTY MEDICAL SOCIETY.—We have a report from the Randolph Medical Society which says: "This society is in fairly good condition. Seven meetings were held during the past year, with an average attendance of eleven. It was our aim to meet quarterly, but you see quarterly meetings were not sufficiently frequent and we have had double that number. The health officer would do the work efficiently if he could secure the co-operation of the physicians in the county, which he so much desires and deserves. He is making a more persistent effort to have his work done satisfactorily than ever before. He receives a salary of $75.00 per annum. We have twenty-one members who take an active interest in the society, and there are only eight physicians in the county who are not members. We have two young men in college from our county; both expect to take their degree this year. Reading papers, reporting and discussion of cases has become a prominent feature at our meetings, so much so that from the present indications the writer will be proud of his county medical society."

This society is in good condition and doing excellent work.

SHELBY COUNTY MEDICAL SOCIETY.—This society continues to do good work. Holds regular quarterly meetings; papers are read and discussed. There are seventeen active members and eleven physicians in the county who are not members of the society. There are no irregular doctors in the county.

ST. CLAIR COUNTY MEDICAL SOCIETY.—I have an interesting report from this county which is about as follows: One of my correspondents in letter of March the 26th says: "I received your letter but have mislaid it, and do not remember all the facts or information you desire. If I fail to answer or furnish what you wish to know, will gladly do so upon further request. Our society is not in first-class working order. There are only a few of us who are willing to do anything; some who are opposed to the society and never attend its meetings, as the enclosed letter will show.

We only try to maintain the organization as we are so sparsely located that we can not have frequent meetings. The county health officer is paid but little. If you desire any further information let me hear from you.

Yours truly,

——— ———,"

The letter referred to above, and which was enclosed, is as follows:

"*Dear Doctor* ———:

"Your postal card of the 10th (post-marked the 12th), to hand. Enclosed you will find check for $2.00 to pay society dues. In reference to Dr. ——— joining the society, he is like myself, opposed to the health board part of it; is in favor of the law regulating the practice of medicine but in favor of National quarantine and health laws and opposed to State quarantine and health laws."

Another letter which was received from our faithful friend was as follows:

"*Dear Doctor*:—You can drop my name from membership of the St. Clair County Medical Society and oblige,

Respectfully, ———."

Another report from this county, and coming entirely from a different part of the county, is about as follows: "We have had but two meetings. No papers are read at our society meetings. Our health officer has done his work as efficiently as could be expected under the present status of affairs in our county. Our county commissioners reduced the salary from $50.00 to $15.00 this year. Formerly they paid the health officer $75.00 for the same services." Our informant says: "We should say, however, that the work of the county health officer is done independent of financial remuneration. We have eleven active members, and twenty-two physicians in the county who are not members of the society. There are no irregular physicians in the county. One physician is now before the board to stand examination for license to practice in the county, and one young man is attending medical lectures from this county."

TUSCALOOSA COUNTY MEDICAL SOCIETY. — "Tuscaloosa County Medical Society has eighteen members, and sixteen physicians in the county who are not members of the society. There are no irregular doctors in the county. One man is taking medical lectures, and one reading medicine at home. There is one colored physician in the city of Tuscaloosa—a recent addition. Papers are read and discussed at the meetings. During the past year about eight meetings were held. The attendance does not come up to what it should be." Our informant further says, however, that they are holding meetings every two weeks, and that the attendance promises to be good, though there is yet decided room for improvement. The county health officer, who receives a salary of $100.00, has been absent from the county about five months. The greater part of the work of the health officer here consists in collecting vital statistics, while more important work is left undone. "It seems,' says our reporter, "that it would be far better to make the collection of vital statistics a minor duty of the health officer, for such statistics are, necessarily, incomplete, and are of no practical use. What we most need is for the county or State to pay enough to induce a young and able-bodied man to hold this position, and, if necessary, to abolish the collection of vital statistics. What we want is for some one to investigate the cause and source of typhoid fever, small pox, yellow fever, and all endemic and epidemic diseases. We have had two or three cases of small pox in the last two months—one in the city of Tuscaloosa; the other one in the county, and we need a man whose duty it should be to investigate such cases. We have a good many cases of typhoid fever here. Many or all of these could be prevented if some one could make a scientific study of them, in order to trace up the source of infection. The city uses river and well water. In my opinion, the wells are the cause of the typhoid fever here, but there are other physicians who say that the river water is the cause of the fever. Whatever may be the cause could be determined by careful study of the cases, extending over a long period of time. I

hope you will pardon my trespass on your time. I only write these suggestions and facts in hopes that something might be done at the meeting of the Association to make the position of the health officer what it should be."

I have given in full the report as sent me by one of Tuscaloosa's best doctors. While his report contains some suggestions which every intelligent physician must approve of, yet we must say that he is much in error in reference to the duty and work incumbent on the health officer, and to say that the collection of vital and mortuary statistics is of no importance, we think, does our reporter an injustice, or else we must say that he has not given this part of our work that time and study which he should do.

TALLAPOOSA COUNTY MEDICAL SOCIETY.—We are informed that meetings are held quarterly; they are well attended. There are twenty-two members in the society, and three or four doctors living in the county who are not members of the society. The health officer receives a salary of $150.00 annually for his services, and is reported as doing good work.

TALLADEGA COUNTY MEDICAL SOCIETY.—The Secretary's report from this county is about as follows: "During the past year the society has held four meetings, which were fairly well attended. Papers are read and discussed at the meetings. The meetings have been very profitable and interesting. Dr. W. F. Thetford is county health officer. His salary is $144.00 a year, and does his work efficiently and well. We have twenty-five active members in the society. There are thirty-seven practicing physicians in the county; twelve who are not members of the society. We have no irregular doctors in the county. Dr. Toole's sad death, which occurred in the city of Birmingham on March 24th, is a great loss to the society. We will miss him. He was head, heart, and soul of our society."

From the above report it will be seen that the Talladega Medical Society is doing good work and maintaining its usual position as one of our best medical societies.

WALKER COUNTY MEDICAL SOCIETY.—This society held six

meetings during the past year. Papers have been read and discussed. There have been 121 cases of small pox in the county during the past year, and the health officer's time has been so taken up in looking after the small pox cases he has not given that time to his other official duties which was necessary for the successful collection of vital and mortuary statistics. The health officer has been paid, during 1897, $300.00; formerly he was paid $150.00 annually. There are fifteen members in the society, and ten physicians in the county who are not members. Two young men attended medical lectures from this county. One of them recently graduated, and passed a successful examination before the board.

WINSTON COUNTY MEDICAL SOCIETY.—We are glad to report improvement in the work of this county during the past year. Meetings are held quarterly, and are well attended. The county health officer is paid $50.00 per year, and does good work. There are five active members of the society, and four physicians in the county who are not members. There are two irregular physicians practicing medicine in the county. Three young men are attending medical college.

Now, Mr. President, I believe I am justified in saying that, from the above reports from the different county medical societies in North Alabama, the work is improving in a large majority of the counties, and we have every reason to be encouraged, believing that the doctors throughout the northern division of the State are becoming more universally interested in the Association work, and I am of the opinion that we can reasonably expect that before the close of another year we will have still better conditions.

It is gratifying to see that a large majority of the physicians have joined the medical societies in their respective counties, and that there are so few irregular doctors in this part of the State.

THE ANNUAL REPORT OF THE JUNIOR VICE-PRESIDENT.

By Edwin Leslie Marechal, M. D., Mobile,

Senior Counsellor of the Medical Association of the State of Alabama.

Mr. President and Gentlemen:

When I accepted, one year ago, the distinguished honor of the Vice-Presidency of this Association I had no adequate conception of the trials, tribulations, and vexations that would attend the faithful discharge of the duties that I had voluntarily assumed. Had I been in possession of the experience of those who preceded me in office I would certainly have shirked the responsibility it imposed, and have been content to have remained among the non-office-holding membership of this Association.

During the year which has now drawn to a close, I have often wondered if the scriptural statement that "the way of the transgressor is hard" had practical and specific application to the Vice-Presidents of this Association alone. I can conceive of no combination of circumstances more conducive to chronic and permanent insanity than those involved in the transition of feeling with which such officers are afflicted—the transition from the sentiment of self-complacency and esteem with which the office is first assumed to that of disappointment and discouragement which succeeds upon the contemplation, after a year's arduous labor, of the abhorrent condition of failure which has ensued. In the one case, no pent-up Utica confines one's powers, and with the same exultation that actuated Dumas' great character of Edmond Dantes upon his escape from the Chateau D'If, he can well exclaim "The world is mine!"; in the other, this condition of satisfaction has been

replaced by one of intense melancholia, and the flowers which blossomed so beautifully, making life joyous with their rich perfume, have faded, and are now withered by the wayside.

It is with this feeling that I stand before you to-day to submit my report—a report, I regret to say, meagre in details and by no means indicating the labor by which the data were obtained.

It is, however, not my duty to gratify any lurking desire that I may have to indulge in rhetorical flights in order to tickle your literary fancy, nor by the use of circumlocution or metaphor to obscure my failure to reach the high ideal which actuated me upon my assumption of office a year ago. I shall be brief and succinct in my statement of the facts which I have to present to you.

In the thirty-three counties composing the Southern District of the State there are 805 regular practicing physicians, 552 of whom have membership in the medical societies of the respective counties, while 254 are not in affiliation therewith. In other words, 31½ per cent. of the regular medical profession in the district are without interest in the great medical and sanitary work which this Association and the county medical societies in affiliation therewith have assumed. This condition should not exist, since greater progress would be more certainly assured could we secure the active co-operation of those gentlemen. It is needful that in Alabama we have a unified profession, so that, with singleness of purpose, which is so desirable, we could present a solid front against the spirit of charlantry with which, on all sides, we are threatened. An organization of this character would be a formidable barrier against the encroachments of quackery and would conduce greatly towards the intellectual and moral advancement of the medical profession of the entire State.

In the thirty-three counties there are seventeen men who are practicing in violation of the law. Efforts have been made to secure their indictment and conviction, but, as yet, without success.

Before beginning with the detail work of my report, I desire with emphasis to endorse the recommendation made by the Senior Vice-President last year, that the number of vice-presidents should be increased to such a number as would secure the visitation to each society of the officer having in charge its supervision. The wisdom of such a procedure can not be questioned, and is emphasized when I state that during the year I have occupied this office, I have written over 200 letters, to which, I am delighted to say, I have received thirty-six replies. From the counties of Covington and Crenshaw I have been unable to obtain the data upon which to base a report of the status of their respective medical societies.

AUTAUGA COUNTY MEDICAL SOCIETY meets quarterly; sixty per cent. of its members attending regular meetings, at which papers are read and discussed. The membership of the society is nine; one more than was reported last year. There are five regular physicians in the county not members; three more than reported last year. There are no illegals in the county. The county health officer is doing fairly good work; his salary is $50.00 per year; an increase of $25.00 over the previous year.

BALDWIN COUNTY MEDICAL SOCIETY holds quarterly meetings, and when necessary, special meetings are called. The membership of this society is seven; a loss of one since last year. There is but one regular doctor in the county not a member of the society. The average attendance at meetings is seventy per cent. The salary of the health officer is $300 per annum, and, considering the vast extent of territory covered by the society, and from which vital statistics are to be collected, the success that has attended the health officer's efforts has been phenomenal. This county is one of magnificent distances, and physicians are far removed from each other; the distance traveled at times for members to reach the meetings of the society being fifty miles. If the members of all the country societies in the State displayed the same commendable energy in the discharge of their duties which characterizes the doctors of this society,

we would have a thoroughly unified profession and become a tower of strength in the State. The speaker organized this society, and speaks from his personal knowledge of the difficulties which have heretofore, and which are now operating against the success of the society. Papers are read and discussed, giving interest to the meetings of the society, and the success attained amply repays the honest and zealous men who constitute its membership for the difficulties they encounter in attending meetings.

BARBOUR COUNTY MEDICAL SOCIETY has heretofore met quarterly, but by recent action of the society their meetings are held every two months. Its membership is 19, an increase over last year of 5. The attendance averages 60 per cent. Fourteen regular physicians in the county are not members of the society. There are two illegal practitioners in the county, and singular to say they have not been prosecuted. At each of the meetings cases are reported and discussed and much interest is thereby excited. The salary of the county health officer is $150.00, and the collection of vital statistics is attended with a fair degree of success.

BULLOCK COUNTY MEDICAL SOCIETY.—The medical society of this county meets monthly; has a membership of 21, a decrease of one from last year (1897). There are no regular physicians in the county not members of the society, nor are there any illegals. The attendance at meetings from the information I have been able to get is an average of 33 1-3 per cent. The meetings of this society are utilized in the reading and discussion of papers. The salary of the county health officer is $150.00 per annum, and the work of collecting vital statistics has been pursued with excellent results.

BUTLER COUNTY MEDICAL SOCIETY has a membership of 24, being the same as reported last year. Its meetings are held monthly, with an attendance of 50 per cent., which indicates the interest taken by its membership in the advancement of the society. Papers and discussions regularly occur and contribute very materially to increase the interest

in the affairs of the society. There is no regular physician in the county not a member of the society, while there are no illegals. The salary of the health officer is $150.00, and the work of collecting vital statistics is fairly well done. I desire to emphasize the good results that have attended the work of the Butler county society in securing the active co-operation of every regular physician in the county in the advancement of the society, and be it said to their credit that the absence of illegals in the county evidences the fact that they have properly performed the duties which they assumed in accepting a charter from this Association.

CHILTON COUNTY MEDICAL SOCIETY.—The Chilton County Medical Society holds but one meeting annually, at which papers are read and discussions are held. The average attendance upon meetings is 30 per cent. There are four physicians in the county not members of the society, while there are no illegals. For some reason the county commissioners have failed to provide a salary for the county health officer, hence the work of collecting vital statistics amounts to nothing.

CHOCTAW COUNTY MEDICAL SOCIETY, with a membership of 11, constitutionally provides for semi-annual meetings, with an average attendance of 40 per cent. Neither papers nor discussions are had. There is one illegal practitioner in the county, but no effort has been made to enforce the law to regulate the practice of medicine in Alabama. There are four regular physicians in the county who are not members of the society. The salary of the county health officer is $100.00, while the success attending the collection of statistics is poor indeed. In fact the condition of this society is such that the secretary writes me "Our society is not worthy of the name "make shift." My diagnosis of it is progressive paralysis, and without heroic treatment its days are numbered.

CLARKE COUNTY MEDICAL SOCIETY, with a membership of 19, which is a loss of two from last year, meets quarterly, with an attendance of 40 per cent. Papers are read and discussed at each meeting. There are five regular physi-

cians in the county not members of the society. There are no illegals. The salary of the county health officer is $125.00. The collection of vital statistics is not attended with brilliant success. One of the great difficulties attending the success of this society is that its membership is badly scattered so it is impossible to secure a large attendance at its meetings.

COFFEE COUNTY MEDICAL SOCIETY.—The constitution of this society provides for quarterly meetings. Its membership is 6, a falling off of 3 from last year. The average attendance is 75 per cent. There are no papers read or discussions held at meetings. There are no regular physicians in the county who are not members of the society. I regret to state there are two illegal practitioners in the county, and while some effort has been made to enforce the law it has been without success. The county health officer has no salary. No success attends the collection of vital statistics.

CONECUH COUNTY MEDICAL SOCIETY is one of the most successful county societies in the State. Its membership is 17, with an average attendance of 75 per cent. Its meetings are held quarterly and are characterized by the reading of papers and relation of cases. There is no regular physician in the county not a member of the society, and there are no illegal doctors in the county. Salary of the county health officer is $100.00, and the collection of vital statistics has had good success.

COVINGTON COUNTY MEDICAL SOCIETY failed to answer letter of inquiry.

CRENSHAW COUNTY MEDICAL SOCIETY failed to answer letter of inquiry.

DALE COUNTY MEDICAL SOCIETY.—This county medical society, with a membership of 11, holds monthly meetings with an average attendance of 50 per cent. Papers are read and discussed at its meetings. There are ten regular physicians in the county not members of the society, but I am pleased to state there are no illegal practitioners. No provision has been made for a salary for the county health officer, and no success has attended the collection of vital

statistics. This county formerly had many illegal practitioners, but by energy and perseverance the society has succeeded in getting rid of them.

DALLAS COUNTY MEDICAL SOCIETY.—The meetings of this society are held monthly with the majority of its members in attendance. Its total membership is 26 and there are 17 physicians in the county not members of the society. There are no illegals. The county has a good health officer and the work of collecting vital statistics is well done.

ELMORE COUNTY MEDICAL SOCIETY.—The medical society of this county has a membership of 20, holds its meetings every two months, with an average attendance of 50 per cent. Regular papers on medical subjects are read and discussed at its meetings. There are five regular physicians in the county who are not members of the society. There are two illegals. Strenuous efforts have been made to prosecute them and the indictment of one of them has been secured. The salary of the county health officer was formerly $100.00, but this year the county commissioners have refused to provide a salary.

ESCAMBIA COUNTY MEDICAL SOCIETY has quarterly meetings, with a total membership of 10. At the meetings an occasional paper is read and cases discussed. There is one regular physician in the county not a member. There are two illegal practitioners in the county, but no steps have lately been taken to enforce the law to regulate the practice of medicine. The salary of the county health officer is $150.00 and the collection of vital statistics is fairly well done.

GENEVA COUNTY MEDICAL SOCIETY during the past year has made decided progress, having a membership of 12, which is an increase of four since the last report. Its meetings are held quarterly and are devoted to the reading and discussion of papers. There are four illegal physicians. Most of the illegals in this county were prosecuted last year and several have not practiced since. Several years since there were more illegal than legal practitioners in the county, and only four are now trying to evade the penalty of viola-

tion of the law. The county health officer's salary is only $10.00 but efforts are being made to induce the county commissioners to increase it. The collection of vital statistics was not begun until this year and it is yet too early to foretell what the result will be. This society is striving hard to get in line with the medical progress in the State, and I feel assured that no society in the State in the next few years, with the same membership, will exhibit any greater advancement.

GREENE COUNTY MEDICAL SOCIETY.—I have been unable to get anything like a statistical report relative to the status of the medical society of this county. The Secretary writes me he is sorry to say that the Greene County Medical Society is in a moribund condition. It has not held a meeting for two years and therefore it has not performed its duty as an integral part of this Association.

HALE COUNTY MEDICAL SOCIETY is in a healthy condition, with a membership of 14; its meetings are held monthly, with an average attendance of 50 per cent. of its membership. Papers are read and discussed at its meetings. There are three legal physicians in the county not members of the society. This county has no illegal practitioners. The salary of the health officer is $150.00 per year. Reports I have received from this county indicate that the collection of vital statistics is attended with poor success.

HENRY COUNTY MEDICAL SOCIETY has a membership of 20; meetings are held quarterly, with an average attendance of 50 per cent., and are devoted to reading papers and discussion of same. There are ten regular physicians not members of the society. There are a number of illegal practitioners in this county that have been actively prosecuted, and it is supposed indictments against them have been secured. The salary of the county health officer is $200.00, but the success attending the collection of vital statistics is only fair.

LEE COUNTY MEDICAL SOCIETY.—The membership of this society, since its last report, has been increased by the addition of two members, making its total membership

eleven. It has no regular time for meetings—the society assembles only on call. The attendance is fifty per cent. At the meetings papers are read and discussed. While there are no illegal practitioners in the county, there are nine regular physicians not members of the society. The county health officer receives no salary, and there is no collection of vital statistics.

LOWNDES COUNTY MEDICAL SOCIETY.—The medical society of this county has a membership of twenty-three. Its meetings are held annually, and are devoted to discussions. There are three medical gentlemen in the county who are not members of the society, but there are no illegal practitioners. The salary of the county health officer is $25.00, and up to the present, very poor success has attended his work.

MACON COUNTY MEDICAL SOCIETY has a membership of twelve, and meets quarterly. The attendance at meetings is fifty per cent. of its membership. There are no illegal practitioners in the county, but there are five physicians who are not members of the society. The health officer receives no salary, and no vital statistics are collected.

MARENGO COUNTY MEDICAL SOCIETY, with a membership of fifteen, provides for quarterly meetings, but, as a rule, holds its meetings annually. No papers are read, and no cases discussed, the meetings being devoted entirely to the election of officers. The attendance is about thirty per cent. of its membership. There are no regular physicians in the county not members of the society, nor are there any illegal practitioners. The salary of the county health officer is $150.00, and his work in the collection of vital statistics is not to be commended.

MOBILE COUNTY MEDICAL SOCIETY.—This is one of the oldest, if not the oldest, medical organization in the State of Alabama, it having been organized in 1841, fifty-seven years ago. Its total membership is forty-four, with an average attendance at its weekly meetings of sixteen per cent. of its membership. Papers are read and discussed, and cases are related, and contribute much to the advancement of the

professional interest of those who attend these meetings. There are twenty-eight regular physicians in the county who are not members of the society. There are no illegals. This society exercises control over contagious and infectious diseases, and during epidemic visitations, its Board of Censors holds daily meetings. Salary of the county health officer is $600.00, and his work is well done, as evidenced by his successful collection of vital statistics.

MONROE COUNTY MEDICAL SOCIETY holds meetings semi-annually, with an average attendance of twenty-five per cent. of its membership of sixteen. Meetings are devoted to discussions. There are no regular physicians in the county not members of the society. There are no illegal practitioners. Salary of county health officer is $100.00, but the collection of vital statistics has been attended with very poor results.

MONTGOMERY COUNTY MEDICAL SOCIETY.—The Montgomery County Medical Society, with a membership of forty-six meets weekly, with an average attendance of thirty per cent. of its members. Papers are read and discussed, and cases reported. There are twenty-nine regular physicians in the county not members of the society, but there are no illegals. The county health officer receives a salary of $600.00, and his work in the collection of vital statistics has been characterized by good success.

PIKE COUNTY MEDICAL SOCIETY has twenty-three members, and meets monthly, with an average attendance of forty per cent. of its membership. Papers are read and discussed. There are sixteen regular physicians in the county not members of the society, but there are no illegals. The county health officer receives no salary, and the collection of vital statistics has been well done.

PERRY COUNTY MEDICAL SOCIETY.—This society, with a membership of eight, meets semi-annually, with an average attendance of fifty per cent. of its members. Meetings are devoted to discussions. There are five physicians in the county who are not members of the society, while there are no illegals. The salary of the county health officer is $250.00,

and the collection of vital statistics is attended with fair success.

RUSSELL COUNTY MEDICAL SOCIETY.—The medical society of this county has a membership of nine, and the average attendance at its meetings is sixty per cent. of its membership. There are eight regular doctors in the county not members of the society, while there are three illegals, two of whom have discontinued and one has been prosecuted, convicted and fined. The salary of the county health officer is nothing, and the collection of vital statistics amounts to the same thing.

SUMTER COUNTY MEDICAL SOCIETY has fifteen members, fifty per cent. of whom meet quarterly. Meetings are devoted to the reading and discussion of papers. There are eight regular practitioners in the county not members of the society, while there are no illegals. The salary of the county health officer is $100.00, and I am informed that good success attends his work.

WASHINGTON COUNTY MEDICAL SOCIETY holds one meeting a year, with an attendance of seventy-five per cent. of its membership of eight. These meetings are devoted to the reading and discussion of papers. There is no regular medical man in the county not a member of the society. There are no illegals. The county health officer receives no salary, and there has been no collection of vital statistics.

WILCOX COUNTY MEDICAL SOCIETY has thirty-three members. It holds no meetings, and no interest obtains relative to its work. There are four regular physicians in the county not members. The county health officer receives no salary, and vital statistics are not collected.

ANNUAL REPORT OF THE SECRETARY.

The long illness of Dr. Jordan, and the approach of the time of the meeting of this session, made it necessary for the President to appoint some one to attend to the duties of the office of the Secretary.

On March 8, the President authorized the assistant Secretary to take charge of the office and make preparations for this meeting. At that time Dr. Jordan was too ill to talk about any matters of business. I got the keys to his desk from his wife, and had to hunt through his papers for information. It is not an easy thing to pick up the broken threads of another's life and weave an acceptable fabric out of them, and this report must, of necessity, be imperfect, and may not contain some events that should be reported. I have taken all the memoranda I could find and tried to make as comprehensive a report as I could. I ask that you throw the mantle of charity over its crudeness and lack of perfection.

On March 11th, I wrote to the railroads for reduced rates, and secured the usual rate of one and one-third fare for the round trip on the certificate plan from all of the railroads in the State.

On March 12, I had two forms of circular letters printed and mailed, one of each to the president and the secretary of each county society, notifying them that I had taken charge of the office and asking for their annual report.

A new duty devolved upon the Secretary this year, that of getting up the program, with the approval of the President, Senior Censor and the local committee of arrangements. The committee sent a draft of program to me which I submitted to the President and Senior Censor, who saw fit to make some alterations in it, which he in a personal letter to the committee explained. This caused a good

deal of correspondence between the committee in Birmingham, myself in Montgomery and the Senior Censor in Mobile, and it was not until April 9th that I got to print. On April 11th I mailed a copy of the program to every member of each county society in the State.

On March 27th Dr. Jordan died, and the President appointed me as his successor to fill the unexpired time.

There were ten counsellors elected at the last session. All but two have signed the pledge, these are Dr. A. B. Curtis and Dr. B. L. Wyman.

The Books of the Rolls I find are written up to and including the session of 1896. I received these books on April 15th, and not having the data nor the time to procure it, I have not attempted to write them up.

Death has held high carnival and played sad havoc among our members during the year just closed, and we miss many of those who were always at their posts whom we could ill afford to lose. As it is the duty as well as the privilege of the Historian to speak of those who have preceded us on the journey we must all sooner or later take, I will not encroach on his rights, but will leave all special mention of them individually to him.

Respectfully submitted,

GEO. P. WALLER, M. D.,
Secretary M. A. S. A.

THE ANNUAL REPORT OF THE PUBLISHING COMMITTEE.

Mr. President:

Your Committee on Publication begs leave to submit the following report of its work from April, 1897, to date:

The committee realizes that this report is not as full as it should be, and asks the Association to bear with it and remember that the chairman of this committee after a long illness died March 27th, and he had all the data to make up this report. We have taken up what memoranda we found, and have utilized such information we could obtain from the printers, and have made the best report we could from these sources.

The Association adjourned in the city of Selma on April 23d, 1897; on May 6th, 1897, we delivered the first copy to the printers. The printing of the entire volume was completed July 30th, 1897, and the first shipment of copies was made on August 5th, 1897. The copies of the Transactions were not gotten out as early as they had been in previous years, and we find the following memoranda made by our lamented colleague, Dr. J. R. Jordan, explaining the delay: "The printing of the Transactions for 1897 was delayed more than a week by failure to receive the report of the Board of Censors; also by the absence of the Secretary, who went to Colorado June 15th, and remained away until July 17th;" also the fact that the Transactions of 1897 contain 456 pages, being 127 pages more than that of 1896. Another cause of delay was the necessity of having to send back some of the reports to have them corrected. Dr. Jordan made the following memoranda: (1897) Society reports were very poor—worse than for several years—though many were excellent.

Some complaints have been made by members who have not received volumes paid for and due them, but the reason for this lies in the fact that no list of those entitled to them was furnished the Secretary. Only twenty-one counties furnished lists at the Selma meeting of those members who had paid their dollar dues for the Transactions. During the month of July the Secretary had to write to forty-five county societies for lists of members who had paid and were entitled to copies of Transactions.

On April 14th of the present year your Secretary received a letter from a member in Marengo county stating that he had not yet received a copy of the Transactions of 1897.

If the treasurers of the county societies neglect to furnish us with lists of those who are entitled to copies of Transactions we cannot be held responsible for failure to send copies. This has been mentioned in our reports for years, and we again call attention to it. If the treasurers of the county societies will furnish us these lists promptly they will receive the volumes without delay.

Copies of these Transactions are now sent to several foreign countries: England, France, Germany, Australia, &c. We have some pride in our Association and its reports, and urge each officer and member of each society to help to make this report full, complete and accurate.

The following is the report of the work done by this committee since the last meeting of the Association:

1,100 copies of Transactions—		
Printing		$ 770 64
Binding		187 00
Postage		191 90
Total cost printing, binding and distribution		$ 1,149 54
Other expenses—		
200 circular letters	$ 1 25	
250 Governor's message	2 50	
500 2c. envelopes, printed	12 75	
250 annual circulars	2 00	
150 circulars	2 00	
150 circulars, note	1 50	
1,500 programs	12 00	
500 registration cards	1 50—	35 50
Total expenses		$ 1,185 04

These expenses are somewhat larger than those of last year, and are caused by the increased size of the volume.

Summarized statement of publications received through the State Board of Health Library for the year 1897:

Transactions State Medical Societies	16
Annual Reports of State Boards of Health	19
Annual Reports of City Boards of Health	10
Government Publications	138
Miscellaneous Publications	102
Total	285

Respectfully submitted,

G. P. Waller, M. D.,
P. H. Owen, M. D.,
Publishing Committee.

Before the Report of the Treasurer was read, the President produced the resignation of Dr. W. C. Jackson, who had served the Association as Treasurer for thirty consecutive years. The resignation was accepted with regret.

Dr. Jackson not being present and having failed to give the Secretary some papers necessary to a perfect report, the report submitted was imperfect. It was referred to the Board of Censors. In their report they recommended that a committee consisting of the Senior Censor, Secretary and Treasurer elect be appointed to examine Dr. Jackson's accounts and make out a complete report and transfer funds of the Association to Treasurer elect.

This committee, Dr. W. H. Sanders, Senior Censor, Dr. G. P. Waller, Secretary, and Dr. H. G. Perry, Treasurer, met in Montgomery on May 3rd and made a thorough investigation of the Treasurer's books, and submit the following statement, which shows their condition on April 19th, the day resignation was tendered and accepted.

The amount due the Association was paid by Dr. Jackson to Dr. Perry and a receipt given by Dr. Perry for a full settlement.

THE ANNUAL REPORT OF THE TREASURER.

WALTER CLARKE JACKSON, M. D., *Treasurer*,

In account with the Medical Association of the State of Alabama, from April 20th, 1897, to April 19th, 1898.

GRAND SENIOR COUNSELLORS.

Baldwin, Benjamin James, Montgomery	$ 10 00
Bragg, Shirley, Montgomery	10 00
Brockway, Dudley Samuel, Livingston	10 00
Cason, Davis Elmore, Ashville	10 00
Fletcher, Richard Matthew, Huntsville	10 00
Franklin, Charles Higgs, Union Springs	10 00
Gaines, Vivian Pendleton, Mobile	10 00
Goggans, James Adrian, Alexander City	10 00
Goodwin, Joseph Anderson, Jasper	10 00
Hayes, Robert Hughes, Union Springs	10 00
Huggins, Jacob, Newbern	10 00
Inge, Henry Tutwiler, Mobile	10 00
Jay, Andrew, Evergreen	10 00
Jones, Capers Capehart, East Lake	10 00
Kendrick, Joel Cloud, Greenville	10 00
Lowry, Samuel Hickman, Huntsville	10 00
Nolen, Abner Jackson, New Site	10 00
Peterson, Francis Marion, Greensboro	10 00
Robertson, Thaddeus Lindlay, Birmingham	10 00
Sanders, William Henry, Mobile	10 00
Searcy, James Thomas, Tuscaloosa	10 00
Sholl, Edward Henry, Birmingham	10 00
Sledge, William Henry, Mobile	10 00
Stovall, Andrew McAdams, Jasper	10 00
Thetford, William Fletcher, Talladega	10 00
Thomas, James Grey, Mobile	10 00
Trent, Powhatan Green, Roanoke	10 00
Whaley, Lewis, Birmingham	10 00
Whelan, Charles, Birmingham	10 00
Wilkerson, Wooten Moore, Montgomery	10 00
Wilkinson, James Anthony, Flomaton	10 00
Total from 31 Grand Senior Counsellors	$ 310 00

SENIOR COUNSELLORS.

Coley, Andrew Jackson, Alexander City	$ 10 00
Deweese, Thomas Peters, Gamble Mines	10 00
Goode, Rhett, Mobile	10 00
Harlan, John Jefferson, Hackneyville	10 00
Heacock, John William, Alpine	10 00
Hill, Luther Leonidas, Montgomery	10 00
LeGrand, John Clark, Anniston	10 00
Redden, Robert James, Sulligent	10 00
Toole, Barcklay Wallace, Talladega	10 00
Wheeler, William Camp, Huntsville	10 00
Wilkerson, Charles A., Marion	10 00
Total from 11 Senior Counsellors	$ 110 00

JUNIOR COUNSELLORS.

Andrews, Glenn, Montgomery	$ 10 00
Bell, Walter Howard, Oxford	10 00
Blake, Wyatt Heflin, Lineville	10 00
Bondurant, Eugene DuBose, Tuscaloosa	10 00
Brown, George Summers, Birmingham	10 00
Cameron, Matthew Bunyon, Sumterville	10 00
Carson, Shelby Chadwick, Bessemer	10 00
Cunningham, Russell McWhorter, Birmingham	10 00
Davis, William Elias Brownlee, Birmingham	10 00
Despres, Louis Willoughby, Russellville	10 00
Duggar, Reuben Henry, Gallion	10 00
Frazer, Tucker Henderson, Mobile	10 00
Gay, Samuel Gilbert, Selma	10 00
Hamilton, William Thomas, Ironaton	10 00
Harper, Robert Franklin, Ozark	10 00
Harrison, William Groce, Talladega	10 00
Heflin, Wyatt, Birmingham	10 00
Hill, George Armstrong, Wynette	10 00
Howle, James Augustus, Jordan	10 00
Hunter, Henry Mitchell, Union Springs	10 00
Johnston, Louis William, Tuskegee	10 00
Jones, Julius, Rockford	10 00
King, Goldsby, Selma	10 00
McCants, Robert Beall, Faunsdale	10 00
McLaughlin, James Madison, Springville	10 00
McWhorter, Horace Puckett, Collinsville	10 00
McWhorter, George Tilghman, Riverton	10 00
Moody, Henry Altamont, Bailey Springs	10 00
Moody, Fleming Isaac, Dothan	10 00

Moon, William Henry, Goodwater	$ 10 00
Murray, Michael William, New Decatur	10 00
Parke, Thomas Duke. Birmingham	10 00
Perry, Henry Gaither, Greenville	10 00
Quin, William Everett, Fort Payne	10 00
Robinson. Thomas Franklin, Blocton	10 00
Sutton, Robert Lee, Orrville	10 00
Swann, Joseph Charles, Wedowee	10 00
Waller, George Platt, Montgomery	10 00
Watkins, Isaac LaFayette, Montgomery	10 00
Whitfield, Bryan Watkins, Galloway	10 00
Whitfield, James Bryan, Demopolis	10 00
Wilkinson, John Edward, Prattville	10 00
Williams, John Harford, Columbiana	10 00
Total from 43 Junior Counsellors	$ 430 00

COUNSELLORS ELECT.

Brannon, Henry Lee, Eufaula	$ 10 00
Dixon, John, Fayetteville	5 00
Graham, William Alexander, Fayette	5 00
Goodman, Duke Williams, Mobile	10 00
Jones, Edward Spears, Gadsden	10 00
Wyman, Benjamin Leon, Birmingham	10 00
Total from 6 Counsellors elect	$ 50 00

To Dues from County Medical Societies—

Autauga	$ 6 00
Barbour	14 00
Baldwin	5 00
Bibb	9 00
Blount	.....
*Bullock	.....
Butler	5 00
Calhoun	19 00
Chambers	10 00
Chilton	5 00
Choctaw	.....
Cherokee	.....
Clarke	9 00
Clay	4 00

* Bullock county paid dues for 1897 $24.00 on April 19th after Dr. Jackson's resignation. See revision of roll of counties Bullock marked clear of the books.

Cleburne	$ 9 00
Coffee	.....
Colbert	7 00
Conecuh	16 00
Coosa	8 00
Covington	.....
Crenshaw	.....
Cullman	8 00
Dale	10 00
Dallas	18 00
DeKalb	9 00
Elmore	18 00
Escambia	9 00
Etowah	8 00
Fayette	6 00
Franklin	.....
Geneva	4 00
Greene	.....
Hale	10 00
Henry	12 00
Jackson	10 00
Jefferson	79 00
Lamar	7 00
Lauderdale	8 00
Lawrence	6 00
Lee	.....
Limestone	.....
Lowndes	8 00
Macon	11 00
Madison	25 00
Marengo	17 00
Marion	8 00
Marshall	6 00
Mobile	32 00
Monroe	9 00
Montgomery	30 00
Morgan	.....
Perry	6 00
Pickens	6 00
Pike	10 00
Randolph	19 00
Russell	6 00
St. Clair	10 00
Shelby	10 00
Sumter	11 00
Talladega	13 00

Tallapoosa	$ 5 00
Ed. Swan, Clio	1 00
Tuscaloosa	8 00
Walker	7 00
Washington	7 00
Wilcox (McDaniel)	1 00
Winston	5 00
Total county societies	$ 609 00

To Dues from Delegates—

Autauga—	$ .....
Baldwin—	.....
Barbour—Henry R. Bradley, Mt. Andrew	5 00
Benjamin S. Warren, Clayton	5 00
Bibb—Thornley E. Schoolar, Centreville	5 00
Jacob U. Ray, Jr., Blocton	5 00
Blount—	.....
Bullock—Seal Harris, Union Springs	.....
Butler—David L. Wilkinson, Bolling	5 00
Calhoun—Robert L. Hughes, Choccolocco	5 00
Chambers—Thomas H. Bonner, Hickory Flat	5 00
Cherokee—	.....
Chilton—	.....
Choctaw—Ferdinand P. Clarke, Bevill's	5 00
Clarke—James W. Armistead, Grove Hill	5 00
Clay—	.....
Cleburne—Thomas L. Thomason, Heflin	5 00
Coffee—	.....
Colbert—	.....
Conecuh—Pinckney M. Bruner, Evergreen	5 00
Coosa—Eugene P. McKinney, Kellyton	5 00
Eugene Argo, Goodwater	5 00
Covington—	.....
Crenshaw—	.....
Cullman—Robert H. Baird, Burch	5 00
Dale—	.....
Dallas—Samuel Kirkpatrick, Selma	5 00
James M. Donald, Bridges'	5 00
DeKalb—William I. Wright, Dawson	5 00
Elmore—William A. Norton, Eclectic	5 00
John W. Dorough, Tallassee	5 00
Escambia—Julius F. Peavy, Atmore	5 00
Etowah—Eli S. Jones, Gadsden	5 00
Fayette—William A. Graham, Fayette	5 00
Franklin—	.....

Geneva—Abner R. Chapman, Geneva	$ 5 00
Greene—T. W. Smith, Union	5 00
Hale—D. J. Castleman, Greensboro	5 00
Elisha N. Driver, Newberne	5 00
Henry—D. Horatio Vaughn, Gordon	5 00
Jackson—	.....
Jefferson—Joseph T. Coulbourn, Birmingham	5 00
Edward T. Glass, Birmingham	5 00
Lamar—D. D. Hollis	5 00
And others	5 00
Lauderdale—	.....
Lawrence—E P. McGehee	5 00
Lee—Hugh McCullough, Wacoochee	5 00
Limestone—	.....
Lowndes—Samuel A. Gordon, Collirene	5 00
Macon—John T. May, Notasulga	5 00
Madison—Richard M. Fletcher, Jr., Huntsville	5 00
Irvine W. Patton, Huntsville	5 00
Marengo—James R. Goodloe, Demopolis	5 00
John W. Todd, Faunsdale	5 00
Marion—	.....
Marshall—	.....
Mobile—S. Springer Tam, Mobile	5 00
Hermann B. Mohr, Mobile	5 00
Monroe—James W. Rutherford, River Ridge	5 00
Montgomery—Robert S. Hill, Montgomery	5 00
Forney C. Stevenson, Montgomery	5 00
Morgan—Richard B. Sherrill, Hartselle	5 00
Perry—Samuel P. Hand, Uniontown	5 00
Gaius R. Johnson, Marion	5 00
Pickens—Thomas E. Murphy, Bethany	5 00
Pike—John A. McEachern, Brundidge	5 00
Thomas F. Moore, Linwood	5 00
Randolph—Howell T. Heflin, Roanoke	5 00
Russell—J. P. Norris, Uhland	5 00
Shelby—Edgar G. Givhan, Montevallo	.....
St. Clair—	.....
Sumter—Josiah D. Bancroft, Sumterville	5 00
Talladega—John Dixon, Fayetteville	.....
Samuel W. Welch, Alpine	5 00
Tallapoosa—Isaac D. Nolen, New Site	5 00
Joseph P. Motley, Motley	5 00
Tuscaloosa—Murray S. Hitchcock, Brookwood	5 00
Walker—Charles B. Jackson, Horse Creek	5 00
Washington—	.....

Wilcox—	$ .....
Winston—Calaway H. Johnson, Nauvoo	5 00
H. A. Moody	5 00
Total 63 delegates—60 paid	$ 300 00

Three delegates failed to pay—Harris, of Bullock; Givhan, of Shelby; Dixon, of Talladega.

Hollis, of Lamar, paid for two. The other delegate did not come.

STATEMENT FROM BOOKS OF TREASURER,

April 19th, 1898.

Balance on hand last report, April 20th, 1897		$ 1,143 61

Receipts From April 20th, 1897, to April 19th, 1898.

To Annual Dues from 91 Counsellors	$ 900 00	
" " 54 Counties	609 00	
" " 60 Delegates	300 00	$ 1,809 00
Total		$ 2,952 61

DISBURSEMENT.

To expenses Selma session, 1897	$ 95 40	
type writer, Secretary's office	95 40	
J. R. Jordan, salary and stamps	64 00	
" stamps for circulars	22 64	
" salary	62 50	
" salary and stamps	72 50	
" stenographer	20 00	
" stenographer	10 00	
" salary	62 50	
" stamps	6 85	
White, Woodruff & Fowler	5 75	
Assistant Secretary at Selma	20 00	
Publishing Committee	100 00	
Brown Printing Co., Transactions	1,008 99	
" " " postage	191 90	
W. C. Jackson, salary	100 00	
" stamps	10 00	$ 1,947 98
Balance on hand		$ 1,004 68

REPORT OF PURE FOOD COMMITTEE.

A Bill for preventing adulteration and misbranding food and drugs, and for other purposes.

Section 1. That, for the purpose of protecting the commerce in food products and drugs in the State of Alabama, a commissioner of food and drugs shall be appointed by the Governor, which appointment shall be approved by the Senate of the State of Alabama, who shall organize and control a department known as "The Pure Food and Drug Department," and that the legislature shall make rules and laws governing the said department, and that said commissioner shall have power to carry out the provisions of this act. The said commissioner shall be a practical chemist, who shall analyze or examine samples of food and drugs sold or offered for sale in any part of this State.

Sec. 2. That, the introduction into this State of any article of food or drug which is adulterated within the meaning of this act is prohibited, and any person who shall receive in the State of Alabama or who, having so received, shall deliver, for pay or otherwise, or offer to deliver to any other person, any such article so adulterated within the meaning of this act, shall be guilty of a misdemeanor, and for such offense be fined not exceeding one hundred dollars for the first offense, and for each subsequent offense not exceeding two hundred dollars or be imprisoned not exceeding six months or both, in the discretion of the court.

Sec. 3. The commissioner of food and drugs shall make or cause to be made under the rules and laws prescribed by the legislature, examinations of specimens of food and drugs which may be collected by himself or the County Health Officers within the State and publish in the newspapers of the State of Alabama or by bulletins the result of such analysis. But the names of the venders of such food or drugs analyzed, shall in no case be published in such newspapers or bulletins until after conviction in the courts for the violation of this act. If it shall appear from such examination that any of the provisions of this act have been violated, the commissioner of food and drugs shall at once cause a report of the fact to be made to the State Solicitor in the district in which the law has been violated, with a copy of the result of the analysis duly authenticated by the analysist under oath.

Sec. 4. That it shall be the duty of every State Solicitor to whom the food and drug commissioner shall report any violation of this act, to cause proceedings to be commenced and prosecuted without delay for the fines and penalties in such case, provided, unless, upon inquiry and examination, he shall decide that such proceedings can not probably be sustained, in which case he shall report the facts to the food and drug commissioner.

Sec. 5. That the term "drug" as used in this act shall include all medicines for internal and external use. The term "food" as used herein, shall include all articles used for food or drink by human beings whether simple, mixed or compound.

Sec. 6. That for the purpose of this act an article shall be deemed to be adulterated first,

In case of drugs:—

1st. If when sold under or by a name recognized in the United States Pharmacopœia it differs from the standard of strength, quality or purity according to the tests laid down therein.

2nd. If when sold under or by a name not recognized in the United States Pharmacopœia, but which is found in some other pharmacopœia or other standard work in Materia Medica, it differs materially from the standard of strength, quality and purity according to the tests laid down in said work.

3rd. If its strength or purity fall below the professed standard under which it is sold,

In the case of food and drink:—

1st. If any substance or substances has or have been knowingly mixed and packed with it so as to reduce or lower or injuriously affect its quality or strength, so that such product, when offered for sale, shall be calculated and shall tend to deceive the purchaser.

2nd If any inferior substance or substances has or have been substituted wholly or in part for the article, so that the product, when sold, shall be to deceive the purchaser.

3rd. If any valuable constituent of the article has been knowingly wholly or in part abstracted, so that such product, when sold, shall tend to deceive the purchaser.

4th. If it be an imitation of and sold under the specific name of another article.

5th. If it be mixed, colored, powdered or stained in a manner whereby damage is concealed, so that such product, when sold shall tend to deceive the purchaser.

6th. If it contains any added poisonous ingredient or any ingredients which may render such article injurious to the health of the person consuming it.

7th. If it consists of the whole or any part of a diseased, filthy, decomposed or putrid animal or vegetable substance, or any portion of an animal unfit for food, whether manufactured or not, or if it is the product of a diseased animal that has died otherwise than by slaughter.

Provided, that an article of food or drug which does not contain any added poisonous ingredient shall not be deemed to be adulterated,

First,—In the case of mixtures or compounds which be now or from time to time hereafter known as articles of food under their own

distinctive names, and not included in definition fourth of this section.

Second,—In the case of articles labeled, branded, or tagged so as to plainly indicate that they are mixtures, compounds, combinations or blends.

Third,—When any matter or ingredient has been added to the food or drug because the same is required for the production or preparation thereof as an article of commerce in a state fit for carriage or consumption and not fraudulently to increase bulk, weight, or measure of the food or drug, or conceal the inferior quality thereof.

Provided, that the same shall be labeled, branded, or tagged as prescribed by the commissioner of food and drugs, so as to show them to be compounds. And provided further, That nothing in this act shall be construed as requiring or compelling proprietors or manufacturers of proprietary medicines to make public their trade formulas.

Fourth,—Where the food or drug is unavoidably mixed with some extraneous matter in the process of collection or preparation.

Sec. 7 That every person manufacturing or exposing for sale or delivering to a purchaser any drug or article of food included in the provisions of this act, shall furnish such drugs or articles of food to any person duly authorized by the food section to receive them, who shall apply to him for the purpose, and shall tender him its value in a sample sufficient for the analysis of any such article of food which is in his possession, and in the presence of such dealer and agent of the food department, if so desired by either party; said sample shall be divided into three parts and each part sealed by the seal of the food and drug commissioner. One part shall be left with the dealer, one delivered to the food and drug commissioner, and one deposited with the State Attorney for the district in which the sample is taken.

Said dealer may have the sample which is left with him analyzed at his own expense, and if the result of said analysis differs from those of the food and drug commissioner, the sample in the hands of the State's Attorney shall be analyzed by a third chemist, who shall be appointed by the State Health Officer in the presence of the chemist of the food and drug commissioner and the chemist representing the dealer, and the whole evidence shall be had before the court.

Sec. 8. That whoever refuses to comply, upon demand, with the requirements of Section 7 of this act, shall be guilty of a misdemeanor, and upon conviction, shall be fined not exceeding fifty dollars nor less than ten dollars or imprisoned not exceeding one year nor less than thirty days or both.

And any person found guilty of manufacturing, offering for sale or selling an adulterated article of food or drug under the provisions of this act shall be adjudged to pay in addition to the penalties heretofore provided for, all the necessary costs and expenses incurred in

inspecting and analyzing such adulterated articles of which said person may have been found guilty of manufacturing, selling or offering for sale.

Sec. 9. That in prosecutions for violations of this act, proof of the act done shall be held to imply knowledge and intent on the part of the accused, unless such knowledge and intent on the part of the accused shall be disproved on the trial. If it be shown that said dealer is innocent of any intentional fraud, then the action in court shall lie against the dealers having furnished the accused the articles in question and these dealers shall be parties to the suit.

Sec. 10. That, for the purpose of enabling the State of Alabama to carry this law into effect, there is hereby appropriated twenty-five hundred dollars annually, not otherwise appropriated, or so much thereof as may be necessary.

JOHN A. MCKINNON, Chairman.
CHAS. A. MOHR,
B. L. WYMAN,
S. G. GAY,
Committee.

On motion, referred to the Board of Censors.

REPORT OF MONUMENT COMMITTEE.

Dr. Sanders states that owing to the death of Dr. S. D. Seelye, one of the members of this committee, and the unsettled condition caused by the prevalence of yellow fever and small pox during the past year the committee is not prepared to report.

Motion of Dr. Sholl, that the President appoint some one to fill vacancy caused by death of Dr. S. D. Seelye, and that the committee be given until next meeting to report. Carried.

President appoints Dr. J. B. Gaston.

MISCELLANEOUS BUSINESS.

Dr. E. P. Riggs moves to change hours of meeting. To adjourn at 12:30 and meet at 2. Adjourn at 5 and meet at 8 P. M. Proposes this in order to have time for all papers to be read.

Dr. W. H. Sanders calls attention to ordinance regulating hours of session, which may be suspended.

Dr. Riggs moves to suspend ordinance. Carried.

Dr. Riggs moves original motion. Carried.

Dr. Sholl moves appointment of a Treasurer to succeed Dr. Jackson, who after 30 years continuous service tenders his resignation. Resignation accepted. President appoints Dr. H. G. Perry of Greenville.

Dr. Sanders states that there may be time at the evening session for some papers that are on the program for to-morrow and asks that they be read to-night.

On motion adjourned till 8 P. M.

April 19th—Evening Session.

Called to order at 8 P. M. by the President.

Historian's Address by Dr. B. W. Whitfield of Walker Co.

REGULAR REPORTS.

(1) "Surgical Peculiarities of the Negro Race;" Dr. R. M. Fletcher, Jr., of Huntsville.

Discussed by Dr. W. P. Copeland, of Birmingham.

Closed by Dr. R. M. Fletcher.

(2) "Contribution to Rational and Conservative Gynæcology;" Dr. R. H. Hayes, of Union Springs. Read by title.

(3) "Some Practical Suggestions about Insanity;" Dr. J. T. Searcy, of Tuscaloosa.

Discussed by Dr. B. L. Wyman, of Birmingham,
Dr. W. H. Sanders, of Mobile.

Discussion closed by Dr. Searcy.

Adjourned.

PROCEEDINGS OF THE SECOND DAY.

WEDNESDAY, APRIL 20—MORNING SESSION.

Called to order at 9 A. M. by President.

REGULAR REPORTS.

(4) "The Prevailing Epidemic of Yellow Fever that existed in Mobile and throughout the South during the Summer of 1897;" Dr. H. T. Inge, of Mobile.

Discussed by Dr. E. L. Marèchal, of Mobile,
Dr. W. W. Harper, of Selma,
Dr. S. G. Gay, of Selma.

Discussion closed by Dr. Inge.

(5) "Chronic Hypertrophic Rhinitis;" Dr. H. S. Persons, of Montgomery. Read by title.

(6) "Stricture of Urethra;" Dr. L. R. Robinson, of Montgomery. Read by title.

(7) "Recent Progress in Gynæcology;" Dr. E. B. Ward, of Selma. Read by title.

(8) "Report of Surgical Cases; Dr. S. G. Gay, of Selma.

(9) "Puerperal Infection and its Consequences;" Dr. Wyatt Heflin, of Birmingham.

Discussed by Dr. C. C. Jones, of East Lake,
Dr. J. D. Gibson, of Birmingham,
Dr. J. M. Pierson, of Florence,
Dr. T. D. Parke, of Birmingham,
Dr. G. S. Brown, of Birmingham.

Discussion closed by Dr. Heflin.

(10) "Recent Progress in Surgery;" Dr. E. P. Riggs, of Birmingham.

Discussed by Dr. G. S. Brown, of Birmingham,
Dr. J. D. Gibson, of Birmingham.

Discussion closed by Dr. Riggs.

(11) "The Modification of Milk;" Dr. T. D. Parke, of Birmingham.

Time for adjournment, discussion carried over to afternoon session.

Dr. A. T. Henley invites Association, in behalf of Drs. Brown and Wilson, to lunch at their Infirmary.

April 20—Afternoon Session.

Called to order at 2 P. M. by President.

Discussion of Dr. T. D. Parke's paper by
Dr. H. A. Moody, of Bailey Springs,
Dr. W. H. Sanders, of Mobile,
Dr. R. H. Duggar, of Gallion,
Dr. A. M. Stovall, of Jasper,
Dr. J. C. LeGrand, of Birmingham,
Dr. S. G. Gay, of Selma,
Dr. J. D. Gibson, of Birmingham.

Discussion closed by Dr. Parke.

On motion of Dr. J. A. Goggans, Dr. Smith of Chattanooga was granted the freedom of the house.

VOLUNTEER PAPERS.

(1) First Recognized Case of Yellow Fever in Mobile in 1897, with Comments snd Deductions; Dr. E. L. Marèchal, of Mobile.

Discussed by Dr. W. H. Sanders, of Mobile,
Dr. H. T. Inge, of Mobile,
Dr. G. A. Ketchum, of Mobile,
Dr. J. D. Dabney, of Jefferson,
Dr. W. C. Wheeler, of Huntsville,
Dr. S. W. Purifoy, of Lowndesboro.

Discussion closed by Dr. Marèchal.

Adjourned at 5 P. M.

April 20th.—Evening Session.

Annual Oration; Dr. W. W. Harper, of Selma.

Monitor's Address; Dr. G. S. Brown, of Birmin gham.

Reception at Commercial Club.

PROCEEDINGS OF THE THIRD DAY.

THURSDAY, APRIL 21—MORNING SESSION.

Called to order at 9 A. M. by Vice-President Marèchal.

(2) Importance of the Microscope in the Practice of Medicine; Dr. T. C. Thorington, of Montgomery.

Discussed by Dr. W. H. Hudson, of LaFayette,
Dr. H. A. Moody, of Bailey Springs,
Dr. T. D. Parke, of Birmingham,
Dr. J. D. Gibson, of Birmingham,
Dr. B. B. Simms, of Talladega,
Dr. W. W. Harper, of Selma,
Dr. A. J. Coley, of Alexander City,
Dr. T. A. Casey, of Albertville.

Discussion closed by Dr. Thorington.

(3) Ulcer of the Cornea; Dr. B. J. Baldwin, of Montgomery.

Discussed by Dr. L. G. Woodson, of Birmingham.

Discussion closed by Dr. Baldwin.

Dr. B. J. Baldwin, of Montgomery, rises to a point of order as to length of Volunteer Papers, and time of discussion. Reads from Book of the Rules: Volunteer papers, 10 to 20 minutes, discussion 5 to 10 minutes.

(4) Some of the More Common Diseases of the Rectum; Dr. B. R. Pearson, of Montgomery.

(5) Two Cases of Brain Surgery; Dr. W. H. Hudson, of LaFayette.

Discussed by Dr. Rhett Goode, of Mobile,
Dr. C. Wilson, of Birmingham.

Discussion closed by Dr. Hudson.

(6) Alabama's need of More Stringent Midwifery Laws; Dr. D. L. Wilkerson, of Montevallo.

Dr. E. T. Glass, of Mobile, reads heading of Rules for Quarantine adopted at Atlanta and endorsed by Mobile County Medical Society, and asks the Association to adopt them.

On motion, referred to Board of Censors.

On motion, adjourned to 2:30 P. M.

APRIL 21—AFTERNOON SESSION.

Called to order at 2:30 P. M. by President.

(7) Venereal Diseases and Marriage: Dr. W. G. Somerville, of Tuscaloosa.

Discussed by Dr. W. E. B. Davis, of Birmingham,
Dr. R. F. McConnell, of Attalla.

Discussion closed by Dr. Somerville.

(8) Illustration of some of the Difficulties in Differential Diagnosis of Yellow Fever; Dr. H. A. Moody, of Bailey Springs.

Discussed by Dr. W. H. Sanders, of Mobile,
Dr. J. C. LeGrand, of Birmingham.

Discussion closed by Dr. Moody.

(9) Hæmorrhagic Malarial Fever; Dr. F. I. Moody, of Dothan.

Discussed by Dr. E. L. Marèchal, of Mobile,
Dr. W. H. Sledge, of Mobile,
Dr. R. M. Fletcher, Sr., of Madison.

Discussion closed by Dr. Moody.

(10) Transactions of the M. A. S. A. from 1869, to date with index of all papers read; Dr. H. G. Perry, of Greenville.

A vote of thanks to Dr. Perry was unanimously passed.

Dr. Marèchal, of Mobile, offered the following resolution, which on motion was referred to Board of Censors:

WHEREAS, there is regularly published in the city of Birmingham a Monthly Medical Journal, known as the Alabama Medical and Surgical Age, and

WHEREAS, the course of said Journal has always been promotive of the best interests of this Association,

Therefore, be it resolved, that this Association endorse said Journal as its official organ.

Adjourned till 8 P. M.

APRIL 21—EVENING SESSION.

Called to order at 8:15 P. M. by President.

Dr. W. P. Copeland exhibits a woman from whom he had removed a Syphilitic Tumor, and shows healing wound.

On motion of Dr. R. S. Hill, of Montgomery, the freedom of the house was granted to Dr. Geo. Henry Fox, of New York.

(11) National State and Local Quarantine, how best to Adjust their Relations; Dr. W. H. Sanders, of Mobile.

Discussed by Dr. H. A. Moody, of Bailey Springs.

Discussion closed by Dr. Sanders.

(12) Diagnostic Features of Cutaneous Syphilis, Illustrated by Lantern Slides; Dr. G. H. Fox, of New York.

Adjourned.

PROCEEDINGS OF THE FOURTH DAY.

FRIDAY, APRIL 22.

Called to order at 9. a. m. by the President.

(1) *Compulsory Vaccination; Dr. S. S. Tam, of Mobile. The following resolution was adopted:

Resolved, That the Board of Censors are hereby authorized and requested to use their best efforts to induce the next General Assembly, at Montgomery, to take action along the line indicated in the paper of Dr. Tam.

(2) A Separate Prison for Tuberculous Patients; Dr. W. H. Blake, of Speigner.

The following resolution was offered by Dr. J. C. LeGrand and adopted:

Resolved, That the State Medical Association of Alabama endorse the plan proposed by Dr. Blake, to establish a separate camp for consumptive convicts. We believe it the best course to pursue in dealing with this problem and *recommend* that such a camp be established, and that the Secretary of this Association is hereby directed to transmit copies of this resolution to the Governor of Alabama and to the President of the Convict Bureau.

Report of the Board of Censors called for.

Dr. G. S. Brown, of Birmingham, asks for report on the Resolutions offered by him at last meeting.

Board reports adversely, holding them to be in controvention of the Charter and therefore out of order.

Dr. Brown rose to discuss it.

Dr. Sanders argued that it could not be discussed, as it was out of order.

President ruled that the subject was open for discussion.

Dr. Sanders appealed from ruling of the chair, Dr. LeGrand in the chair.

Ayes and nays called for to sustain ruling of the chair on point of order.

Not sustained, ayes 14, nays 90.

*The Secretary was called before a committee of the Board of Censors and was unable to get the names of those who took part in the discussion of these papers.

VOTE TO SUSTAIN THE RULING OF THE CHAIR, WHEN APPEALED FROM BY DR. SANDERS.

Those voting aye:

Counsellors—Gaston, J. B.; Brown, G. S.; Coley, A. J.; Heflin, Wyatt; Marèchal, E. L.; Parke, T. D.; Cunningham, R. M.; Waller, G. P.

Delegates—Chapman, A. R.; Carlton, W. G.; Hall, W. P.; Killough, J. N.; Wilson, C.; Kirkpatrick, M. B.

Total vote to sustain the chair, 14.

Those voting nay:

Counsellors—Furniss, J. P.; Andrews, Glenn; Baldwin, B. J.; Bell, W. H.; Cason, D. E.; Davis, W. E. B.; Duggar, R. H.; Deweese, T. P.; Franklin, C. H.; Frazer, T. H.; Fletcher, R. M., Sr.; Goggans, J. A.; Gay, S. G.; Goode, Rhett; Heacock, J. W.; Hill, G. A.; Huggins, J.; Inge, H. T.; Jay, A.; Jones, C. C.; Jackson, R. D.; Ketchum, G. A.; Lowry, S. H.; McKittrick, A. A.; McWhorter, H. P.; Moon, W. H.; Moody, H. A.; Michel, R. F.; Nolen, A. J.; Perry, H. G.; Robinson, T. F.; Robertson, T. L.; Sanders, W. H.; Sledge, W. H.; Searcy, J. T.; Sholl, E. H.; Thetford, W. F.; Trent, P. G.; Wyman, B. L.; Whitfield, B. W.; Watkins, I. L.; Wheeler, W. C.; Whaley, L.; Whitfield, J. B.; Kendrick, J. C.; LeGrand, J. C.; Cameron, M. B.; Hunter, H. M.; Blake, W. H.; Harper, R. F.; Riggs, E. P.—51.

Delegates—Abernathy, W. L.; Bennett, B. F.; Chisolm, R. P.; Casey, T. A.; Clifton, J. M.; Dryer, T. E.; Ford, W. F.; Glass, P. J.; Green, H.; Huey, G. W.; Harris, T. P.; Holloway, W. A.; Hendrix, W. B.; Morton, W. L.; McCain, W. J.; Matthews, E. A.; McConnell, R. F.; Maples, W. C.; Moore, D. S.; Nicholson, E. P.; Peters, T. M.; Pettus, C.; Pierson, J. M.; Ray, J. U., Jr.; Ryalls, W. M.; Schooler, T. E.; Sewell, J. W.; Swann, E.; Shivers, O. L.; Sims, B. B.; Tam, S. S.; Vaughan, A. L.; Warren, W. A.; Wilkinson, D. L.; Welch, S. W.; Wilkinson, H. B.; Yielding, J.; Ash, J. W.; McKinney, E. P.—39.

Question of personal privilege by Dr. G. S. Brown.

Question of personal privilege by Dr. W. H. Sanders.

THE TWENTY-FIFTH ANNUAL REPORT OF THE BOARD OF CENSORS, INCLUDING REPORTS OF THE STATE BOARD OF MEDICAL EXAMINERS AND COMMITTEE OF PUBLIC HEALTH.

PART I. THE REPORT OF THE BOARD OF CENSORS.

Another year has been added to the life of the Medical Association of the State of Alabama and by far the most eventful one of its history. The events that have rendered it so have been the epidemic prevalence within the State of two formidable and much dreaded diseases, namely, small-pox and yellow fever,—more circumstantial accounts of which will appear elsewhere in this report and in papers submitted by members of the Association.

The important experiences thus acquired have served to emphasize and demonstrate in the most pronounced and perspicuous way the wisdom of our plan of organization and the necessity for upholding and perfecting it in all of its details. No stronger appeal than these experiences ought to be needed to deeply arouse in the members of this body a spirit of determination to labor unceasingly to attain the great objects of organization, that is, the protection of the lives and the promotion of the sanitary and material interests of the people of the State.

A resolution of this kind, reaffirmed in the presence of great emergencies and dangers, ought to find deep lodgment in our minds and hearts and impel us to bravely meet every danger that may confront, and faithfully discharge every obligation that may devolve upon us.

The State has confided great trusts to our keeping, let us meet them with courage and fidelity, and thus show that we are worthy of the confidence reposed. The roll of our de-

ceased colleagues—men who were intensely devoted, both in spirit and action, to the interests and objects of our organization—is being annually augmented and for the past year sadly and unprecedentedly so. Whilst fully appreciating their services and lamenting their loss, let us resolve that the cause for which they so earnestly labored shall not languish, but on the contrary, that it shall grow and flourish into the full maturity of successful achievement.

THE PRESIDENT'S MESSAGE.

The president recommends that in order to show the high esteem, veneration and respect which we cherish for the memory of Dr. Jerome Cochran, deceased, there be established an annual oration to be known as the "Jerome Cochran Oration," and this to be the first medical paper read at the annual meetings of the Association. He further recommends that the president of the Association shall appoint some eminent medical man either in Alabama or from a distance to deliver this oration, which shall pertain to medicine. With the spirit of this recommendation the members of the board are in full sympathy and unanimously advise its adoption substantially.

They prefer, however, to substitute the word "lecture" for the word "oration." The latter word implies the idea of more or less oratorical and rhetorical display, which would be incompatible with the presentation of most scientific subjects.

The board are also of the opinion that instead of having the proposed exercise as the first one on the programme a more favorable time would be at 11 o'clock on the second day of the meeting. At this time a larger audience would likely be present than on the first evening.

In accordance with these modifications the board have drawn up and beg to submit the following ordinance:

Be it Ordained by the Medical Association of the State of Alabama, That in accordance with the spirit of a recommendation made by Dr. L. L. Hill, president, there be and is hereby established as a mark of

the high esteem, veneration and respect which we cherish for the memory of Dr. Jerome Cochran, a lecture to be known and denominated as "The Jerome Cochran Lecture," said lecture to pertain to some subject in biology, medicine, surgery or hygiene, and to constitute the regular order of business at 11 o'clock on the second day of the annual meetings of this Association. Further that said lecture shall be delivered by some prominent medical or scientific man, residing either in or out of the State, on the invitation of the president of this Association.

The next recommendation of the president is that ten dollars per month, or one hundred and twenty dollars annually, be allowed the secretary for the services of a stenographer to aid him in his official work; and that the sum of fifty dollars each be set aside for the two members, other than the secretary, of the publishing committee, on the ground that their duties are onerous.

We will state that last year after the adjournment of the Association Dr. Jordan, our recently deceased secretary, applied to the senior censor for relief in the directions recommended by the president. Doubtless failing health and inability to do the amount of work he had formerly done prompted him to make the application. The senior censor referred the matter to the board of censors with the recommendation that sixty dollars per year be appropriated for the services of a stenographer to assist the secretary, and that one hundred dollars per year be appropriated for the publishing committee. This recommendation was unanimously approved by the board of censors, and thereupon warrants were drawn upon the treasurer for the purposes mentioned. This action of the board was intended to be temporary and is now submitted to the Association for its approval.

After careful consideration of the recommendation of the president under discussion the board feels constrained to decline to concur therein.

Somewhat more than a year ago a typewriter was purchased for the use of the secretary at a cost of about one hundred dollars. This doubtless lightens his work considerably and with the salary paid him at present the board

does not feel justified in recommending an additional allowance of one hundred and twenty dollars per year for a stenographer.

The board takes a similar position in regard to the appropriation of one hundred dollars per year for the publishing committee. It is not now, nor has it ever been, the policy of the Association to create a number of salaried positions and therefore the board deem it unwise to begin such a policy.

It is believed that members of the Association will be found willing to serve on the publishing committee without other reward than the consciousness of duty done, which to one who has the interest of the Association at heart will always be a highly valued remuneration.

The president seems to labor under the impression that the members of the publishing committee are changed annually. We think the records will show that persons have served on that committee for a series of years, and we find, on reference to the ordinance governing in the premises, that its members are to be appointed from time to time.

From this we infer that in the adoption of the ordinance it was not intended that the members of the publishing committee should be appointed annually. We agree entirely with the view expressed by the president, that a good man should be continued on the committee as long as he will serve, and that the longer he serves the more efficient he is likely to become.

The views expressed by the president in reference to the work of county health officers meet with our approbation. We endorse the suggestion that all county health officers should be required to inspect the poor house and jail at least once in every month. In fact, the inspection should be made oftener than this, if there is any reason for believing that it is needed.

The method he lays down for fixing the remuneration of physicians who attend jails and poor houses is sound and wise, and is the one which has always been advocated by this board.

We are in entire accord with what the president says on the subjects of preliminary and medical education. These views can not be too often proclaimed or too much emphasized. One of the declared objects of this Association is to propagate similar views, which it should not cease to do until they have been universally accepted and put into operation.

The president discusses the wisdom or not of having a board of medical examiners in each county, as prevails in this State, or of concentrating all licensing power in one central or State board. He distinctly argues in favor of the latter plan. This opens a very wide subject for discussion, and one which time scarcely admits of our entering upon now. Good arguments can be advanced on both sides, but for this State and for the present, we do not hesitate to express our preference for our present system, namely, of having a board of examiners in each county, and also a State board. Time, we hope, will cure many of the defects to which the president calls attention. In this connection we feel compelled to take issue with the following words of the president: "It is not an uncommon thing for a candidate to go from board to board in quick succession, until he secures a certificate."

Our records show that the charge made has been true in a few instances, but they are very few, and in the last instance the party who violated the rules was indicted and punished.

The president mentions having called a special meeting of the State board of censors in December of last year, and gives some account of the proceedings thereof. This leads him to speak of a quarantine convention of the South Atlantic and Gulf States, which was recently held in Mobile. As to the results of this convention he uses the following words:

"I regretted not being able to attend, but learn from an editorial in one of our leading Southern journals that very little, if anything, was accomplished in a practical way."

In the remarks just quoted we are of the opinion that the

president does great injustice to the results achieved by the convention mentioned. Had nothing else been done than the adoption of the resolutions hereto appended, embodying, as we believe they do, sound and constitutional views on the great subject of quarantine, we believe that the results would be entitled to be denominated of the highest and most far-reaching importance.

The resolutions referred to were submitted by Hon. R. H. Clarke, of Mobile, and read as follows:

Resolved, That it is the sense of this Convention:

1. That Congress be requested to provide for a Department of Public Health as soon as practicable.

2. That Congress should enact laws to provide for an efficient Maritime Quarantine, to be uniform and impartial in its application to the different commercial ports of this country, so as to give no one or more of them undue advantage over the others, to be enforced by the several States and municipal Quarantines or Health Boards, if they will undertake to do so, leaving also to the States the power to prescribe and enforce additional reasonable safeguards of the health of their communities, provided that such State action shall not unreasonably obstruct commerce.

3. That Congress should aid the several States in establishing and maintaining uniform, reasonable and efficient quarantine laws for affecting, but not regulating, interstate commerce, leaving to each State adequate power to protect, as it shall deem best, the lives and health of its people.

4. That Congress should leave exclusively to the States the regulation of their purely internal commerce, and the provision of such quarantine and sanitary laws and regulations as they may deem advisable to that end.

5. That, in the framing of Quarantine Laws and Regulations and in their enforcement, Congress should avail itself of the learning, experience, and ability of the medical profession in the fullest measure possible, and especially by way of an advisory council.

A full and free discussion ensued. * * * * *

The chairman of the Committee on Resolutions then withdrew the majority report.

The minority report was then withdrawn by the gentleman who presented it, Mr. Kay, of Georgia.

The substitute was then submitted to the vote of the Convention, *and was unanimously adopted.*

Signed, C. P. WILKINSON, M. D., Chairman,
H. A. MOODY, M. D., Secretary,

REPORTS OF THE VICE-PRESIDENTS.

The board is glad to state that the reports of the vice-presidents show that they have been duly diligent in the discharge of their duties, and that they have collected definite and valuable information as to the conditions of the county societies in their respective jurisdictions, for which they should receive the thanks and commendations of the Association.

THE REPORT OF THE SECRETARY AND THE BOOK OF THE ROLLS.

We recognize the disadvantages under which our acting secretary has been placed in making out his report, but find it as complete and correct as could be expected.

The Book of the Rolls is in order, and is written up to date as closely as could be done.

REPORT OF THE PUBLISHING COMMITTEE.

This report shows that the committee have been prompt and diligent in the discharge of their duties, and, therefore, are entitled to the thanks of the Association for labor well performed.

THE REPORT OF THE TREASURER AND THE BOOK OF ACCOUNTS.

The board of censors find the books and accounts of the treasurer, presented through the acting secretary—the treasurer himself not being present, in such condition as not to admit of satisfactory auditing and examination, and they recommend that a committee, composed of the senior censor, the treasurer elect, and the secretary elect, shall examine the books and accounts of the treasurer in Montgomery, at which examination the ex-treasurer shall be invited to be present, and that said committee shall report the result of the examination to the board of censors.

THE ACCOUNTS OF THE STATE HEALTH OFFICER.

The board report that they have examined the accounts of the State health officer and find them correct.

REVISION OF THE MINUTES OF 1897.

While there are some inaccuracies in the minutes of the last meeting, yet they do not involve such matters as to render it necessary that they be specifically pointed out. It is necessary, however, to call attention to one inaccuracy in the report of the county boards of medical examiners, namely, the result of the examination of Dr. W. R. McInnis, of Barbour county, a graduate of the Memphis-Hospital Medical College. It is stated that certificate was granted when it should have been stated that it was refused.

DELINQUENT COUNTY SOCIETIES.

At the last meeting of the Association we are glad to say there were only two county societies delinquent in all of their constitutional obligations, that is to say, as to delegates, dues and reports. The counties alluded to are Covington and Crenshaw. We recommend that they be referred to this board for investigation. The fact that out of a total of sixty-six counties only two were wholly delinquent, is very gratifying and affords substantial encouragement as to the status of medical organization in the State.

NEEDED LEGISLATION.

The board of censors unanimously recommend that the Association take such steps as it may deem necessary to secure from the next General Assembly the following legislation:

First,—A law of compulsory vaccination.

Second,—Such amendments to our present health and quarantine laws as will embody the following principles:

(a) That it shall be the right and official duty of the committee of public health of any county of the State to investigate the nature of any suspected case of infectious or contagious disease that may occur in their jurisdiction and to proclaim in the immediate vicinity thereof the conclusion reached, and also to send notice of said conclusion to the State health officer. Where any obscurity or doubt exists, or where as many as two members of the committee of public health may reach a different opinion from that of a majority of the committee, the State health officer shall be summoned to assist in the investigation and in reaching a final conclusion.

(b) That whenever a contagious or infectious disease of serious or dangerous character begins to prevail in a locality, it shall be the duty of the State health officer to advise with the local board of health as to the best means of preventing the spread of and exterminating said disease. And further that the State shall bear an equitable part of the expense incurred in said efforts of extermination.

(c) That our quarantine laws shall be so amended as to give to the State paramount authority over any city or county in the exercise of quarantine powers.

(d) That railroad corporations, so far as the existence of small-pox among the employees of their work or construction-trains and work gangs moving from county to county is concerned, shall be made directly responsible to the State board of health and that said board through its committee of public health shall prescribe such measures as are deemed necessary to suppress said disease, and that all expenses incurred in doing this shall be borne by the roads concerned.

(e) That a State pathological laboratory shall be established, in which all pathological examinations needed by State, city or county authorities or by members of the State board of health shall be made free of cost.

(f) A law for the compulsory disinfection of persons,

premises and things when in the opinion of the health authorities of the State or of a county such disinfection is deemed necessary for the protection of the public health,—the authority enforcing the disinfection to bear the expense thereof.

(g) To confer upon the State board of health in times of epidemics and quarantine the right to prescribe such measures of control over the movements of railroad trains and mails as may be deemed necessary by said board to protect the public health,—permitting, however, local quarantine authorities to decline to receive passengers, freights or mails from any infected point, but not to interfere further with the movement of trains or mails.

(h) To ask from the State more liberal appropriations for public health and quarantine purposes.

AMENDMENT TO AN ORDINANCE.

The board of censors recommend that the ordinance referring to the printing of the programme of the meetings of the Association adopted at the Selma session of 1897, and printed on page 120 of the volume of Transactions of that year, be and the same is hereby so amended as to add the following paragraph,—this paragraph to be numbered 2 and the paragraph numbered 2 in the original ordinance to be numbered 3.

The paragraph provided for will read as follows:

(2). That it shall be the duty of the secretary after consultation with the president and senior censor to have prepared in advance of each meeting of the Association an adequate number of suitable badges to be worn by the members during the meeting, which badges shall be distributed by the treasurer to the members upon the payment of their dues. Said badges shall be uniform in color, but for the purposes of designation those worn by the counsellors shall have the letter C plainly printed thereon; those worn by the delegates the letter D, and those worn by members and correspondents the letter M.

A NEW BOOK OF THE RULES.

The board recommends that a committee of this board be authorized and empowered to have a new edition of the Book of the Rules printed, and to make such additions thereto and alterations therein as may be found necessary, the number of copies composing the edition to be determined by said committee.

JEROME COCHRAN MONUMENT.

The board of censors recommend that the location of the proposed monument to Dr. Cochran be changed from Selma to Montgomery. The reasons for recommending this change appear to the board to be strong and convincing. Believing that these reasons, or many of them, will suggest themselves to the members of the Association, the Board will not undertake to present them here and at this time. In their opinion by far the most suitable place in the State for the erection of the proposed monument is in the Capitol grounds at Montgomery, and they do not doubt that the privilege of erecting the monument there could be obtained.

RESOLUTIONS OFFERED AT LAST MEETING.

At the last meeting of the Association Dr. George S. Brown, of Birmingham, offered the following resolutions, which were ordered laid over until this meeting:

"*Resolved*, That articles 12, 13, 14, 15 and 16 of section 5 of the Constitution of the Medical Association of the State of Alabama be so amended as to provide that all counsellors, delegates and members shall have equal voice and vote in the discussion and settlement of all matters pertaining to science, business, legislation or anything else which may affect the welfare of this Association in any of its relations or responsibilities or of the medical profession in this State in its broader duties to humanity.

Resolved, That the dues of counsellors and members be fixed at the equal rate of two dollars each per annum."

The board find that the above resolutions are in contravention of the charter of this Association, section 4 of which reads as follows:

"SEC. 4. *Be it further enacted*, That in the said Medical Association of Alabama there shall be four classes of members, namely: (1) The members of the affiliated county societies; (2) Delegates, of which each affiliated county society is entitled to two; (3) Counsellors, not to exceed one hundred (100) on the active roll, plus such number of life counsellors as may be transferred to the life roll after twenty years service on the active roll; and (4) Correspondents, all according to the provision of the Constitution of 1873, with the privileges and duties as therein set forth; counsellors and delegates only to be entitled to vote; and counsellors alone to be entitled to hold office; and the counsellors and delegates, not less than twenty-five, present at any session of the Association, regular or called, to constitute a quorum competent for the transaction of any business that can legitimately come before any session."

It will be seen from the above that the classification of members and the rights conferred upon them, including the right of voting, are fixed by the charter, which charter having been enacted by the General Assembly of the State is the law of the land, and cannot be changed by this Association. It is obvious, therefore, that the resolutions are out of order and cannot be considered by this body. The board, therefore, recommend that it be so declared by the president.

THE COUNTY SOCIETIES.

The principle has been often proclaimed by this board that the county societies are the bed-rocks upon which the superstructure of this Association rests. Like other important truths this one bears to be repeated and emphasized. Upon the prosperity and usefulness of the county societies depends the prosperity and usefulness of this Association. It therefore behooves every member of a county society to exert himself to the utmost to promote its harmony and efficiency. To accomplish these desirable objects we cannot do better than to refer to the report of this board for last year, to be found in the volume of Transactions of that

year on pages 124 to 128, inclusive. The plans there detailed as having been pursued by some of the foremost county societies of the State will, if followed by other county societies, undoubtedly bear good fruit.

We strongly recommend, therefore, that all members shall carefully re-read the pages mentioned.

ILLEGAL PRACTITIONERS.

Efforts have been made to obtain from the secretaries of the county societies the names of all illegal practitioners, but whether these efforts have been entirely successful or not, we are unable to say. The following list is given as the result of the correspondence had:

Cherokee County.—G. E. Martin, H. S. Jones, C. Story, J. H. Willis, W. H. Crumpton and B. N. Speer.

Cleburne County.—R. W. Dowdy.

Coffee County.—J. Bowdoin and Frank Heath.

Elmore County.—W. H. Boddie and William Stewart.

Fayette County.—H. B. Lane. The case of Dr. Lane has figured in our list of illegal practitioners for several years. Last year he was arraigned, found guilty and a fine imposed. We are informed that he now claims to be practicing without remuneration and is evidently endeavoring to evade the law in this way.

Geneva Connty.—W. L. Jerkins, W. D. Ramsey, J. D. Ray, O. L. Rivenbark.

Henry County.—W. M. Weems, G. E. McAlvin, H. C. Riley, A. B. Hill, Pleas. McAldin, W. H. Fillingrim.

Lauderdale County.—J. C. Bellew.

Marshall County.—J. M. Dodd and G. W. Segers.

Morgan County.—Frank Emens, M. Stringer, — Gillespy, J. E. Price.

St. Clair County.—Marcus W. Laney.

PREAMBLE AND RESOLUTION.

The following, submitted to the Association by Dr. E. L. Maréchal and referred to this board, is reported back with the recommendation that it be adopted:

Whereas, There is regularly published in the city of Birmingham a monthly medical Journal known as the Alabama Medical and Surgical Age, and

Whereas, The course of said Journal has always been promotive of the best interests of this Association, therefore

Be it resolved, That this Association endorse said Journal as its official organ.

THE BOOK OF THE RULES ACCOUNT.

(April 1, 1897, to April 1, 1898.)

To balance on hand from last year	$ 10 80
five copies Book of the Rules at 50c	2 50
To total receipts	$ 13 30
By postage on 18 copies Book of the Rules at 11c	1 98
Balance on hand	$ 11 32

NOTE—Of the above 18 copies 13 were sent gratis or complimentary.

CHAPTERS IN TEXT-BOOKS ON PHYSIOLOGY AND HYGIENE.

Dr. J. P. Corley, an accredited delegate from the Dental Association of Alabama to this body, having given notice that his Association had decided to correspond with the Educational Association, under whose direction a school text-book on Physiology and Hygiene is being prepared, with reference to the insertion in said book of a chapter on oral hygiene, and he having inquired whether this Association would like to make a similar effort for the insertion of chapters on hygiene of the eye and ear, this board after due consideration of the subject, recommend the adoption of the following resolution:

"*Resolved*, That a committee of three be appointed to act in conjunction with a like committee from the Dental Association to advise with the Educational Association looking to the incorporation in a common school text-book on physiology and hygiene, undergoing preparation, of chapters on oral hygiene and hygiene of the eye, ear, nose and stomach."

REPORT ON THE DEATH OF DRS. WHELAN AND SEELYE.

The board of censors desire to record the deep sense of loss which they feel over the death during the past year, of two of their colleagues, namely: Drs. Chas. Whelan and S. D. Seelye.

For many years the deceased were active and able members of this board, wise in counsel, loyal in service, and always solicitous for the welfare of the profession and people of the State. Deeply devoted to their official work as members of this board, they counted neither time nor labor as of value when the advancement of the great trust committed to their care was the reward to be achieved. Fidelity to the noble aims of our organization and ability to labor successfully for the accomplishment of those aims mean much to this Association and this Commonwealth. Such service they faithfully and loyally gave. May we not hope that their memories will be a perpetual inspiration to those who fall heirs to the fruits of their labors.

Be it resolved, That this memorial be spread upon our records and a copy sent to the families of our deceased colleagues.

PART II. REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS.

EXAMINATIONS MADE BY THE STATE BOARD.

Since our last report ten applicants have been examined by the State Board. Of this number six were granted Diplomas and four refused.

Percentage of rejections, 40.00.

The examinations were as follows:

Frederick Bacon Cullens, non-graduate. Certificate granted.

Meigs Davie, two courses Birmingham Medical College. Certificate granted.

William Henry Parkman, Georgia Eclectic Medical College, 1897. Certificate refused.

Frank Emens, non-graduate. Certificate refused.

Henry Elton Battle, University of Tennessee, 1896. Certificate granted.

William Edward Shaw, M. D. (colored), Eclectic Medical College of Ohio, 1895. Certificate granted. (Second examination by this Board.)

Herbert Cruikshank, M. D., (colored), Howard University, Washington, D. C. Certificate granted. (Second examination by this Board.)

John Henry Lingo, M. D., two courses at Medical College of Alabama. Certificate granted. (Third examination by this Board.)

William Rufus McInnis, Memphis Hospital Medical College, 1896. Certificate refused.

James Cataline Abrams, (col'd), Meharry Medical College, 1898. Certificate refused.

EXAMINATION PAPERS ACCOUNT.

DR. W. H. SANDERS, SENIOR CENSOR, M. A. S. A.,
In account with
The State Board of Censors:

1897.	DEBITS.	
To balance on hand from last year	$ 100 21	
cash for 75 sets of examination papers, $2.00 each, (less exchange on checks)	148 80	
cash for 12 sets of papers at $1.00 each, (legal cap)	12 00	
cash for 7 certificates, $1.00 each	7 00	
To total receipts		$ 268 01

1897.	CREDITS.	
May 20.	By cash to J. L. Cobbs & Co., (ribbons for certificates)	$ 9 00
July 28.	cash to Brown Printing Co. for blanks	68.50
July 2.	money refunded, certificate	1 00
Sept. 27.	cash to H. Hines for 100 tin tubes	20 00
1898.		
Mar. 31.	cash to Brown Printing Co., examination blanks	8 00
Mar. 31.	cash to Brown Ptg. Co., (binding 110 sets papers)	55 00
	postage	18 56
	Total expenditures	$ 175 06

RECAPITULATION.

To total receipts April 1, 1897, to April 1, 1898	$ 268 01
By total expenditures same time	175 06
To balance on hand	$ 92 95

EXAMINATIONS BY THE COUNTY BOARDS.

The county boards of medical examiners since our last report have sent up ninety-three sets of examination papers.

Seventy-eight of the applicants were granted licenses to practice medicine and fifteen were rejected, making the percentage of rejections 16.12, which is somewhat larger than it has been for years past.

The rejected applicants were graduates of the following colleges:

Memphis Hospital Medical College, 3; Atlanta Medical College, 3; Southern Medical College, Atlanta, 2; Georgia Eclectic Medical College, Atlanta, 1; Chattanooga Medical College, 2; Birmingham Medical College, 1; University of Louisville, 1; Vanderbilt, 1.

The college of one of the applicants not given.

The examinations by the various boards were as follows:

Autauga County Board.—No examination reported by this board.

Baldwin County Board.—David DuBose Cole, M. D., Medical College of Alabama, 1897. Certificate granted.

Barbour County Board.—William Mark Faulk, M. D., Medical College of Alabama, 1897. Certificate granted.

Walter Augustus Lewis, M. D , Tulane University, 1897. Certificate granted.

William Rufus McInnis, Memphis Hospital Medical College, 1896. Certificate refused.

Alexander Hamilton Culpepper, Atlanta Medical College, 1888. Certificate refused.

Bibb County Board.—Thomas Cecil Hicks, M. D., Herring Medical College, Chicago, 1895; Certificate granted.

Edwin Moren Sellers, M. D., Medical College of Alabama, 1897. Certificate granted.

Blount County Board.—John T. Barnwell, Southern Medical College, 1889. Certificate refused.

Uriah Monk Gibbs, M. D., University of Nashville, 1897. Certificate granted.

Bullock County Board.—James Henry Bickenstaff, M. D., College of Physicians and Surgeons, Baltimore, 1897. Certificate granted.

Butler County Board.—Robert Albert Thaggard, M. D., Tulane University, 1897. Certificate granted.

Conrad Wall, Jr., Medical College of Alabama, 1897. Certificate granted.

Thomas Claude Donald, M. D., Medical College of Alabama, 1897. Certificate granted.

Calhoun County Board.—Ben H. Brock, Southern Medical College, 1894. Certificate refused.

George Lyman Chapman, M. D , Atlanta Medical College, 1897. Certificate granted.

Chambers County Board.—Robert Lee Weldon, Georgia Eclectic Medical College, 1892. Certificate refused.

Wyatt Toliver Hodges, M. D., Medical College of Alabama, 1892. Certificate granted.

Chilton County Board.—No examinations reported.

Cherokee County Board.—No examinations reported.

Choctaw County Board.—No examinations reported.

Clarke County Board.—No examinations reported.

Clay County Board.—Daniel Blake Harris, M. D., Southern Medical College, 1897. Certificate granted.

James William Wood, M. D., Southern Medical College. Certificate granted.

Cleburne County Board.—William H. Morgan, M. D., Rush Medical College. Certificate granted.

James William Kaylor, M. D., Southern Medical College. Certificate granted.

Wesley Hollingsworth Crumpton, Chattanooga Medical College, 1897. Certificate refused.

Jeremiah M. Lindsey, M. D., Chattanooga Medical College, 1897. Certificate granted.

Reuben Calvin Stevens, M. D., Southern Medical College, 1892. Certificate granted.

Coffee County Board.—William Fourth Matheny, M. D., Atlanta Medical College, 1895. Certificate granted.

Colbert County Board.—No examinations reported.

Conecuh County Board.—William Eli Morris, M. D., Medical College of Alabama, 1895. Certificate granted.

Charles Alexander Beddingfield, M. D., Medical College of Alabama. Certificate granted.

Guy Guerdon Newton, M. D., Medical College of Alabama, 1897. Certificate granted.

Coosa County Board.—No examinations reported.

Covington County Board.—Edward Lenard Adams, M. D., Medical College of Alabama, 1897. Certificate granted.

Malcolm Baggett, M. D , Reform School of American Medicine and Surgery, 1884. Certificate granted.

Crenshaw County Board.—No examinations reported.

Cullman County Board.—No examinations reported.

Dale County Board.—Charles Duncan Barnes, M. D., Medical College of Alabama, 1897. Certificate granted.

John Jackson Rivenbark, M. D., Georgia Eclectic Medical College, 1897. Certificate granted.

Dallas County Board.—James Henry Keyser, M. D., Tulane University, 1897. Certificate granted.

DeKalb County Board.—John Deckard Hall, M. D., Southern Medical College. Certificate granted.

Elmore County Board.—Abel Anderson Powell, Atlanta Medical College, 1890. Certificate refused.

Escambia County Board.—No examinations reported.

Etowah County Board.—No examinations reported.

Fayette County Board.—No Examinations reported.

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Franklin County Board.—No examinations reported.

Geneva County Board.—Walter L. Bean, M. D., Louisville Medical College, 1897. Certificate granted.

W. P. Chalker, M. D., Georgia Eclectic Medical College, 1897. Certificate granted.

B. C. Chalker, M. D., Georgia Eclectic Medical College, 1897. Certficate granted.

Greene County Board.—No examinations reported.

Hale County Board.—No examinations reported.

Henry County Board.—William LaFayette Jerkins, Atlanta Medical College, 1893. Certificate refused.

Marcus Tullius Cicero Scott, M. D., Birmingham Medical College, 1897. Certificate granted.

James Eldridge Stokes, M. D., Georgia Eclectic Medical College, 1892. Certificate granted.

Lucius Sherman Nichols, M. D., Medical College of Alabama, 1897. Certificate granted.

Joseph Edward Lee, M. D., Atlanta Medical College, 1895. Certificate granted.

Stephen L. Taylor, M. D., College of Physicians and Surgeons, N. Y., 1894. Certificate granted.

Jackson County Board.—James Morris Beeson, M. D., Medical College of Alabama, 1897. Certificate granted.

Jefferson County Board.—George Hamilton Stubbs, M. D., Southern Medical College, 1897. Certificate granted.

Ira Jackson Sellers, Vanderbilt, 1897. Certificate granted.

Byron T. Dozier. Certificate refused.

Jackson Tucker Brown, Birmingham Medical College, 1897. Certificate refused.

Joseph Hughes Edwards, M. D., Birmingham Medical College, 1897. Certificate granted.

Lamar County Board.—Berry Edley Turner, M. D., Memphis Hospital Medical College, 1897. Certificate granted.

James Henry Downing, M. D., Memphis Hospital Medical College, 1896. Certificate granted.

Daniel Webster Williams, Memphis Hospital Medical College, 1889. Certificate refused.

Dick Cameron Morton, M. D., Memphis Hospital Medical College, 1897. Certificate granted.

Lauderdale County Board.—No examinations reported.

Lawrence County Board.—Calvin Sydney Chenault, M. D., Birmingham Medical College, 1897. Certificate granted.

Lee County Board.—William Byers Watkins, M. D., Bellevue Hospital Medical College, 1897. Certificate granted.

Limestone County Board.—Louis Edelman, M. D., Curtis Medical College, 1891. Certificate granted.

Lowndes County Board.—King W. Harrison, M. D., Medical College of Alabama, 1896. Certificate granted.

George Norman Powell, M. D., Medical College of Alabama. Certificate granted.

Cyrus H. Coleman, M. D. Medical College of Alabama, 1897. Certificate granted.

Macon County Board.—Joseph Bozeman Letcher, M. D., Tulane University, 1897. Certificate granted.

Petit Reynolds, M. D., Medical College of Alabama. Certificate granted.

Madison County Board.—William H. Burritt, M. D., Vanderbilt, 1890. Certificate granted.

Archie Jones, M. D., (col'd), Meharry Medical College, 1897. Certificate granted.

Marengo County Board.—William Hall Wynne, M. D., Birmingham Medical College, 1897. Certificate granted.

Marion County Board,—John Rufus Burlison, M. D., Memphis Hospital Medical College, 1897. Certificate granted.

William Lucius May, M. D., Memphis Hospital Medical College, 1897. Certificate Granted.

Marshall County Board.—Joseph Woodville Barnard, M. D., Medical College of Alabama, 1897. Certificate granted.

J. F. Emerson, M. D. Certificate granted

F. H. Machen, M. D., Certificate granted.

Mobile County Board.—Burgett Woodcock, M. D., Medical College of Alabama, 1896. Certificate granted.

William T. Henderson, M. D., Detroit College of Medicine. Certificate granted.

Samuel Swift Boykin, M. D., Medical College of Alabama, 1896. Certificate granted.

George Heustis Fonde, M. D., Medical College of Alabama, 1897. Certificate granted.

Monroe County Board.—No examinations reported.

Montgomery County Board.—Charles Teed Pollard, M. D., Tulane University, 1897. Certificate granted.

Julius Shuford Mitchell, M. D., Vanderbilt, 1894. Certificate granted.

James Robert Haigler, M. D., Medical College of Alabama, 1897. Certificate granted.

Samuel AydelotteBilling, M. D., Bellevue Hospital Medical College, 1897. Certificate granted.

Joseph Henry Abraham, M. D., University of Virginia, 1894. Certificate granted.

Morgan County Board.—Asa Price Martin, M. D., Chattanooga Medical College, 1897. Certificate granted.

William H. Lovelady, M. D., Medical College of Alabama, 1897. Certificate granted.

Nathan E. Murphy, University of Louisville, 1897. Certificate refused.

Perry County Board.—No papers received from this board.

Pickens County Board.—J. E. Lee, M. D., ——. Certificate granted.

Pike County Board.—No papers received from this board.

Randolph County Board.—Coleman Pendleton Gay, M. D., Southern Medical College, Atlanta, 1897. Certificate granted.

Russell County Board.—No papers received from this board.

St. Clair County Board.—Sinkler Nicholas Lathem, M. D., Birmingham Medical College, 1897. Certificate granted.

David Pence Gammon, Chattanooga Medical College, 1894. Certificate refused.

Marcus Warland Laney, Vanderbilt, 1893. Certificate refused.

Robert Lee McClellan, M. D., Medical College of Alabama, 1897. Certificate granted.

Shelby County Board.—Alse Wilson Bell, M. D., Medical College of Alabama, 1897. Certificate granted.

Sumter County Board.—No papers received by this board.

Talladega County Board.—No papers received from this board.

Tallapoosa County Board.—No papers received from this board.

Tuscaloosa County Board.—J. Buckner Killebrew, M. D., University of Virginia, —. Certificate granted.

Sidney Leach, M. D., University of Virginia, 1896. Certificate granted.

Willis Marion Mackey, Memphis Hospital Medical College, 1897. Certificate refused.

Robert Baskin Harkness, M. D., Tulane University, 1897. Certificate granted.

George Augustus Weaver, M. D., Howard Univertity, 1897. Certificate granted.

Walker County Board.—No papers received from this board.

Washington County Board.—No papers received from this board.

Wilcox County Board.—No papers received from this board.

Winston County Board.—No papers received from this board.

PART III. REPORT OF THE STATE BOARD OF HEALTH.

During the past year two formidable diseases have obtained epidemic foothold in the State, namely, small-pox and yellow fever. The attention of the State Health Officer was first called to the former disease at Ft. Deposit, in Lowndes county, on May the 26th, 1897.

Upon arriving at that place he found that an eruptive disease, the nature of which had not been decided upon, was prevailing in the town and vicinity and had been for two months, more or less.

The State Health Officer had no hesitation in pronouncing the disease small-pox and immediately advised that proper measures be instituted for its suppression. This opinion, as he was afterward informed, was severely and openly criticised by prominent medical gentlemen, who resided at a distance of twenty-five miles or more from the infected place and had seen none of the cases.

Criticisms of this kind are not only unscientific and absurd, but have a very bad effect.

People are proverbially disinclined to accept the diagnosis of a dangerous infectious disease in their midst, and greatly prefer to put their faith in an opposite opinion, although expressed without reason and without opportunity for forming a conclusion. When opinions of the kind alluded to are expressed by gentlemen who deservedly stand high in the profession they are frequently eagerly received by the people, readily accepted and industriously circulated.

The result is that the people are much less inclined than they would otherwise be to adopt and enforce prompt and vigorous measures for suppressing the disease. Fortunately, immediately at Ft. Deposit, the people accepted the diagnosis of small-pox with fair unanimity and adopted the measures that had been advised for dealing with the situation. They were rewarded by the successful extermination of the disease in the course of a few weeks.

The infection at Ft. Deposit was ascribed to Greenville, in Butler county, which place the State Health Officer immediately visited. There he also found undoubted cases of small-pox and was informed that at Forest Home, ten miles in the country, a similar disease had been prevailing for several months. No less than 150 cases, according to accounts, having occurred in that neighborhood without a single death.

The infection at Forest Home was traced to Pensacola, Florida, where it was generally known small-pox had been prevailing for a year or more past.

The next county to which the State Health Officer was called was Walker, where he found the disease prevailing at two places, namely, Carbon Hill and Galloway. Then, in tolerably rapid succession, visits were made to Shelby, Conecuh, Jefferson, Morgan and Monroe counties, in all of which small-pox was found.

On August the 14th a summons was received to visit Perry county, but there the alarm was found to be a false one. The same results attended a visit to Lee county on September the 31st.

On July 19th a visit was made to Anniston, in Calhoun county, where great excitement prevailed on account of a case deemed exceedingly suspicious. Whilst this case closely resembled one of small-pox in appearance, yet after thorough investigation the conclusion was reached that it was one of pustular syphilide, which opinion was verified by the subsequent progress of the case.

By September of last year the efforts to exterminate small-pox seemed to have been entirely successful at many of the places where it had been prevailing, and largely so at the others, when yellow fever made its appearance in the State. This disease claimed the entire attention of the health authorities of the State during its prevalence, and after its disappearance it was found that small-pox had taken advantage of the lull in the war waged against it and had rooted and ramified considerably from some of its foci.

Attention was again directed to the small-pox situation, and on January the 22nd the State Health Officer made a visit to Dale county, where he found the disease prevailing at and in the neighborhood of Pinckard and Newton. Efforts were made to arouse the county authorities to an appreciation of the importance of using the means necessary for exterminating the disease, but without avail. Recent reports indicate, however, that the disease is disappearing from that county, owing, it is supposed, to the natural inclination of people to avoid exposing themselves to it.

On February the 13th and 18th the State Health Officer visited Clarke county, where his efforts to arouse the authorities to a comprehension of the necessity of adopting means to suppress the disease met with better success. Recent reports from this county indicate that the disease has been nearly, if not quite, exterminated from that county.

On February the 20th he was called to Crenshaw county to confirm the diagnosis which had been previously made of a case in that county. So far as his information extends there was no spread from this case.

On March the 4th he was called to Chilton county, where he found cases, and heard of others that had previously occurred. The commissioners of this county have not manifested any disposition to appropriate funds for controlling the disease. The two cases seen, however, were sufficiently isolated to prevent any spread of the disease.

On March the 5th he visited Shelby county, where he saw two cases and heard of one or two others that had previously occurred.

On March the 13th and 14th he was in Wilcox county, where two cases existed. But little spread from these cases occurred, owing to the judicious management adopted by Dr. F. F. Kimbrough, which was supported to some extent by the county authorities.

On March the 15th the State Health Officer was called to Tallassee, in Elmore county, where he found an epidemic of chicken-pox prevailing,—at least, the cases he saw were

of this nature. This was the first instance during an experience of nearly a year in which he had met with an epidemic, or even a case, of chicken-pox.

On March the 17th and 18th he was in the city of Tuscaloosa, where he found several cases of small-pox, which had been previously so diagnosed by the physicians there, and heard of some others which he did not see.

On March the 22nd he visited Wetumpka, in Elmore county, where he saw several cases of small-pox and heard of many others that had previously occurred.

On March the 26th he was called to Livingston, in Sumter county, to see a case deemed suspicious that had occurred in the female college there, and naturally gave rise to great apprehension and excitement.

This case was pronounced one of chicken-pox, the diagnosis having been confirmed by subsequent events.

We have made efforts to procure complete information as to the prevalence of small-pox in the State during the past year, but regret to say that our efforts have not been entirely successful. We append a table containing such information as we have been able to obtain, and are satisfied that it embraces almost complete information.

Counties.	Total No. Cases.	Whites.	Col'd.	Deaths.		
				Total.	Whites.	Col'd.
Baldwin	6	0	6	0	0	0
Barbour	1	1	0	0	0	0
Bibb	30	0	30	1	0	1
Bullock	4	1	3	1	0	1
Butler	260	60	200	0	0	0
Calhoun	42	32	10	1	0	1
Cherokee	2	2	0	0	0	0
Chilton	7	6	1	0	0	0
Clarke	240	30	210	2	0	2
Cleburne	0	0	0	0	0	0
Coffee	15	1	14	1	0	1
Conecuh	37	1	36	0	0	0
Crenshaw	5	5	0	0	0	0
Dale	103	15	88	0	0	0
Dallas	7	1	6	0	0	0
DeKalb	10	0	10	0	0	0
Elmore	150	9	141	0	0	0
Escambia	15	0	15	0	0	0
Etowah	26	25	1	0	0	0
Hale	25	0	25	1	0	1
Jefferson	518	32	486	14	4	10
Lee	22	0	22	0	0	0
Lowndes	1000	50	950	5	0	5
Macon	1	0	1	0	0	0
Marengo	14	0	14	0	0	0
Mobile	88	5	83	6	0	6
Monroe	16	15	1	1	0	1
Montgomery	503	75	428	11	2	9
Morgan	11	0	11	1	0	1
Perry	55	0	55	0	0	0
Pike	200	12	188	5	1	4
Russell	2	0	2	0	0	0
Shelby	35	4	31	0	0	0
St. Clair	4	4	0	0	0	0
Talladega	47	27	20	0	0	0
Tallapoosa	1	1	0	0	0	0
Tuscaloosa	15	5	10	0	0	0
Walker	121	12	109	1	0	1
Total	3638	431	3207	51	7	44
Per centage of deaths				1.40	1.62	1.37

The above table, although not wholly complete, speaks louder than words could do as to the type of the epidemic of small-pox that has prevailed.

It will be seen that a little over 88 per cent. of the cases have been among blacks and further, that the death rate among whites and blacks has been unprecedently low. As to how to account for this very low death rate, we are at a loss, and will not now undertake to theorize on the subject.

STATE QUARANTINE AND YELLOW FEVER.

On the 6th of September last, public announcement went out of the existence of yellow fever at Ocean Springs, Miss. This announcement was made by representatives of the State Boards of Health of Alabama, Mississippi and Louisiana, together with the representatives of the Marine Hospital Service, and naturally aroused great alarm throughout the entire country.

A meeting of this board, acting as a Committee of Public Health for the State, was promptly called for September the 8th, in Montgomery, at which meeting a recommendation was adopted requesting Governor Johnston to issue a proclamation of State quarantine against Ocean Springs and all other places believed to be infected with yellow fever. The Governor promptly acted upon this recommendation and issued the following proclamation:

"Whereas, yellow fever exists at Ocean Springs, Miss., and Whereas, the State Board of Health recommends quarantine to the extent hereafter stated, as necessary for the protection of the health of the people of Alabama.

Now, therefore, I, Joseph F. Johnston, Governor of the State of Alabama, pursuant to the authority in me vested by "An Act to Regulate the Practice of Quarantine in Alabama," approved February 28th, 1887, do hereby proclaim, declare and establish the following quarantine measures against persons and things in the city of Ocean Springs, Miss. and other places infected with yellow fever, to-wit:

No person, baggage, goods or merchandise of any kind from Ocean Springs, Miss. or other places infected with yellow fever shall be permitted to enter the limits of the State of Alabama except on special through trains, destined to points beyond this State and which do not receive or discharge passengers or goods or merchandise within this State. This quarantine shall be conducted through the State Board of Health, which is charged with the duty of enforcing such measures not inconsistent with the Constitution of the State and the laws thereof, as it may deem necessary to that end.

In testimony whereof I have hereunto set my hand and caused the Great Seal of the State to he hereunto affixed at the Capitol, at Montgomery, this 8th day of September, A. D., 1897, and of the Independence of the United States, the 122d year.

(Signed) JOS. F. JOHNSTON,
Governor.

By order of the Governor:
(Signed) J. KIRK JACKSON,
Secretary of State.

Acting under authority conferred by the Committee of Public Health for the State, the State Health Officer assumed executive control of State quarantine and in accordance with the Governor's proclamation proceeded to make such dispositions as he deemed necessary for protecting the State from invasion by yellow fever.

The point of greatest danger was evidently at the South west border of the State along the Louisville and Nashville Railroad. The city and county of Mobile obviously occupying the most exposed position had promptly established quarantine against the infected places and by holding the strategic point was largely guarding the entire State. The dispositions made and precautions taken were of the most systematic and thorough kind, and had the infection at that time been wholly outside of the State it would probably have never entered.

Guards were promptly sent to all of the borders of the State where lines of public travel penetrated with the hope of keeping the infection on the outside. At this time a new and unusual danger confronted us.

Yellow fever in the meantime having been declared to exist at several towns on the Mississippi coast, many of the inhabitants thereof, in order to escape the infection, were reported to be flying inland, going by foot and by all kinds of private conveyances. Inasmuch as many of the towns from which the people were flying lay not far distant from the Western border of Alabama the danger of some of

these refugees coming into Alabama was imminent. To guard against this danger nothing would answer but to promptly place a quarantine line along the Western border of the State from a point opposite Mobile to State Line Miss. This was accomplished through the courtesy and liberality of Mr. E. L. Russell, president of the Mobile & Ohio Railroad, and by the personal assistance of Mr. Chas. Clarke, Supt. of the Southern Division of the same Road. Mr. Russell placed a special car at the service of the State Health Officer, who accompanied by Mr. Clarke, left Mobile, at 4 o'clock, p. m. and proceeding up the road, employed a sufficient number of reliable guards to go at once to the Western border of the State and prevent the influx of refugees from infected localities. By sun-rise the next morning the entire exposed line, a distance of about sixty miles, was securely protected.

Whilst vigorous watch was being kept around the entire border of the State to prevent the entrance of infection and with every hope of success, the situation became greatly complicated on the 13th of September by the announcement of a case of yellow fever in Mobile. Naturally this rendered it necessary to readjust our lines of defense and to place Mobile in the infected territory. After the discovery of the case mentioned it became clear that the disease had existed in Mobile for some weeks back.

On September the 23rd a meeting of the Committee of Public Health for the State was held at Birmingham, at which Drs. Sholl, Gaston, Searcy, Seelye, Baldwin and Sanders were present. The chief matter considered was that of removing in some measure the embargo placed on freights by the proclamation of the Governor.

On September the 25th the committee had an interview with the Governor, which resulted in a modification of his original proclamation as to freights. The modifications were:

"The following goods may be shipped from infected places in cars that have been thoroughly disinfected under the supervision of the officials of the Marine Hospital Service at these places and certified by said officials:

Class 1.—New machinery, bar and sheet iron, tin steel, agricultural implements, iron tires, wagons, hardware without packing, lime and cement.

Class 3.—Goods packed in textile material, not broken or packed in infected cities and kept perfectly dry, shall be disinfected without breaking packages. All meats whether packed or unpacked, except in tin, are excluded."

On October the 7th the State health officer was summoned to Alco, near Brewton, to see a case of fever which had given rise to suspicion. After thorough examination of the case, although it was not a severe one, he decided it to be a case of yellow fever, in spite of the fact that there was at that time no way of accounting for its origin.

On October the 11th the State Health Officer was summoned to Wagar, where he found a case of yellow fever and became satisfied from information received that the disease had been prevailing for several weeks.

On October the 13th the State Health Officer was summoned to Flomaton, which place he reached on the 14th and confirmed a diagnosis of yellow fever, which had been made by Dr. J. A. Wilkinson. From the number of cases then on hand and from information received from the resident physicians, it was clear that yellow fever had been prevailing at that point for weeks back.

On October the 18th the existence of yellow fever in Montgomery was declared and, as had been the case at many other places, it became certain that the disease had existed in the city for several weeks. Many of the citizens being dissatisfied with the diagnosis of yellow fever made by the resident physicians and by the State Health Officer, a demand was made by them that Dr. John Guiteras be summoned. He arrived on October the 22nd and promptly confirmed the diagnosis that had been made.

On October the 23rd Dr. Guiteras went to Selma and found yellow fever prevailing there,—the State Health

Officer having been called on this date to visit a case deemed suspicious at Auburn, which he pronounced not to be one of yellow fever.

At various dates not necessary now to specify, the State Health Officer was called to Notasulga, Sandy Ridge, LaPine and Georgiana, at each of which places he found a case of yellow fever in persons who had been exposed in infected localities.

On November the 2nd the State Health Officer received telegrams indicating the possibility of the existence of yellow fever at Greensboro, which, after all he heard, must have been true.

On or about November the 5th the Governor issued a proclamation removing quarantine restrictions from all parts of the State North of an East and West line passing through Calera.

On November the 7th the State Health Officer was called to Bay Minette where, from what he saw of people who had been recently sick, and by what he heard from the resident physicians, Drs. Trammell and Lambert, he became convinced that yellow fever had been prevailing there for a month or more.

According to the best information we could obtain the contagion pursued the following route in this State: From Ocean Springs to Mobile and Flomaton; from Mobile to Montgomery, Wagar and Whistler; from Montgomery to Notasulga, Sandy Ridge, LaPine and Georgiana; from Flomaton to Alco, near Brewton. Our information is not definite as to how the disease reached either Selma or Greensboro, neither is it definite as to how it reached Bay Minette, but we think we can hazard the opinion that it went either from Flomaton or Mobile to that place.

On November the 13th the Governor after consultation with the Committee of Public Health, decided to remove all quarantine restrictions as to freights and mails for the entire State and all restrictions as to persons above a line running East and West across the State at the North boundary of Greenville.

On November 20th by recommendation of the Committee of Public Health, the Governor removed all quarantine restrictions both as to persons and things in the State.

From the fact that the disease continued from time to time to spring up inside our quarantine lines, showing that the seed had been planted before the lines were established, rendered the administration of State quarantine exceedingly difficult, complicated and unsatisfactory. The experience acquired, however, demonstrated many points at which our quarantine laws need to be amended, attention to which has already been called in another part of this report.

This is not intended as anything approaching a complete history of the epidemic of yellow fever in the State, on the contrary, it is a very brief statement of the salient points in that history. Neither are we yet in possession of all the data necessary for compiling such history.

Reviewing the epidemic as a whole we feel justified in saying that the disease assumed an unusually mild type such as might have the effect of rendering it less a terror to our people than heretofore.

We submit the following quarantine rules and regulations, adopted by a convention of the South Atlantic and Gulf States, held in Atlanta, April 12th of this year, which we propose to accept as a guide and recommend that all county boards and the people do likewise, should it become necessary to declare quarantine:

ATLANTA CONVENTION OF THE SOUTH ATLANTIC AND GULF STATES

1. This Convention was called in pursuance of the following resolution, adopted by the Quarantine Convention of the South Atlantic and Gulf States, held at Mobile, Ala., February 9, 1898:

2. To Establish Uniformity of Quarantine Rules and Regulations in Certain States.

3. *Resolved*, That it is the sense of this Convention of the States bordering on the South Atlantic and Gulf coast, viz.: Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana and Texas, that they should, as soon as practicable, meet in conference and prepare a Code of Rules and Regulations for the

purpose of controlling and preventing the spread of Yellow Fever and other Contagious or Infectious Diseases; said rules and regulations to be uniformly accepted and honored by the several Health Boards of the States mentioned; and further to adopt a system of pratique and health certificates to be used in times of epidemic, to be likewise honored by the several Health Boards of the States named.

4. The convention was called to order at 10 o'clock Tuesday morning in the ballroom of the Kimball House, by Mayor Collier. Rev. Dr. Landrum opened with prayer. Owing to the non-arrival of many delegates, the session adjourned until noon, after the appointment of a credential committee and a committee on permanent organization.

5. The report of the credential committee was received at the noon session, allowing all health and sanitary officers present, representing States, to vote, and allowing each State five votes.

6. On roll call the States of Virginia, South Carolina, Georgia, Florida, Alabama, Mississippi and Louisiana were found to be represented:

7. The following delegates were present:

8. Virginia—Dr. E. A. Waugh, Lynchburg; Dr. J. Jett McCormick, Norfolk.

9. South Carolina—Dr. H. B. Horlbeck, Charleston.

10. Georgia—Hon. C. A. Collier, Atlanta; Dr. J. F. Alexander, Atlanta; Dr. C. F. Benson, Atlanta; Dr. James B. Baird, Atlanta; Dr. Louis H. Jones, Atlanta; Dr. DeSaussure Ford, Augusta; Dr. D. C. Ticknor, Columbus; Dr. R. B. Barron, Macon; Hon. P. W. Meldrim, Savannah; Dr. Ed. Brobston, Brunswick.

11. Florida—Dr. J. L. Horsey, Fernandina; Dr. R. L. Harris, Orlando.

12. Alabama—Dr. Rhett Goode, Mobile; Dr. Glenn Andrews, Montgomery; Dr. J. W. Barclay, Birmingham; Dr. R. D. Murray, Mobile; Dr. Edward A. Neill, Selma.

13. Mississippi—Dr. H. H. Haralson, Biloxi; Dr. C. M. Murry, Ripley.

14—Louisiana—Dr. Edmond Souchon, New Orleans; Dr. C. P. Wilkinson, New Orleans; Dr. Quitman Kohnke, New Orleans; Dr. J. J. Scott, Shreveport; Dr. H. R. Carter, New Orleans.

15. Missouri—Dr. Sam Ayres, Kansas City.

16. United States Marine Hospital Service—Dr. H. R. Carter, Dr. R. D. Murray.

17. Railroads—Joseph M. Brown, Atlanta, Nashville, Chattanooga & St. Louis Railroad and Western & Atlantic; J. C. Smith, Atlanta & West Point, Atlanta; J. A. Sullivan, Kansas City, Memphis & Birmingham; D. D. Curran, New Orleans & Northeastern Railroad; J. S. B. Thompson, Southern Railway, Atlanta; Dr. Samuel Ayres, Kansas City, Pittsburg & Gulf Railroad.

18. The Organization Committee reported the following officers, who were unanimously elected: President—Dr. H. B. Horlbeck, Charleston, S. C.; Vice-Presidents—Dr. E. A. Waugh, Virginia; Dr. DeSaussure Ford, Georgia; Dr. R. L. Harris, Florida; Dr. Rhett Goode, Alabama; Dr. Murry, Mississippi; Dr. J. J. Scott, Louisiana; Secretary—Mr. J. F. Weissinger, Atlanta.

19. President Horlbeck took the chair and appointed the following Committee on Plans and Resolutions: Dr. Souchon, Louisiana, chairman; Dr. Waugh, Virginia; Dr. Alexander, Georgia; Dr. Horsey, Florida; Dr. Goode, Alabama; and Dr. Harralson, Mississippi.

20. Resolutions relative to the regulation of quarantines were then introduced by Dr. Souchon, by Dr. Carter, the representative of the United States Marine Hospital Service, and by Dr. Wilkinson. All the resolutions were referred to the Committee on Plans and Resolutions, with which Dr. Wilkinson and Dr. Carter were invited to sit.

21. The Convention then adjourned until 4 o'clock in the afternoon to await the report of the Resolutions Committee, which went into session at once to agree on a composite report on the resolutions introduced.

22. Regulations for the government of disinfection and detention stations or camps during the existence of yellow fever at any point within our borders.

23. GENERAL PRINCIPLES.

24. The regulations are somewhat numerous and exacting, but it is by the strict observance of like regulations that the art of surgery has accomplished its wonders.

25. In case yellow fever should occur at any point in the Southern States, the most effective method to prevent shotgun quarantines and their disastrous effects upon commerce is to establish disinfecting and detention stations or camps on the line of travel by rail or boat.

26. It is by practical actions that the people will be reassured, and not by agreements and persuasion, based on words, assurances, or legislation. To show the people that all possible care is effectually taken to prevent yellow fever from reaching them is the best and only argument they should yield to.

27. Parties coming from localities infected by yellow fever should not be allowed to enter quarantining localities of the South Atlantic and Gulf States, unless they have had their persons, clothing, baggage, etc., disinfected, and unless they have remained at the station ten days after such thorough disinfection, and places holding communication with infected localities may themselves be held in quarantine.

28. These stations or camps will be erected by the United States Marine Hospital Service.

29. They will be operated by the United States Marine Hospital Service.

30. The Marine Hospital Service will also be requested at an immediate date to prepare at least four disinfecting plants, including four cylinders for furnishing steam disinfection.

31. Medical Inspectors from interested States and localities will be admitted to the stations to witness that the regulations are thoroughly complied with.

32. REGULATIONS APPLYING TO PERSONS, CLOTHING, AND BAGGAGE.

33. Persons arriving at the disinfecting stations will be divested of their clothes and given United States Marine Hospital clothes while their own are being disinfected.

34. The clothes and baggage will be disinfected by moist steam under pressure.

35. All articles requiring to be subjected to moist steam shall remain in the steam chamber at a continuous temperature of 212 to 220 degrees Fahrenheit for thirty minutes.

36. Articles not amenable to this treatment will be immersed in a solution of 1 to 1000 of bichloride of mercury for one hour; or they will be placed in the formaldehyde chamber fed from the generator for one hour, drying them first and spreading them in the chamber.

37. The persons will then be placed in the department of the disinfected.

38. They shall be inspected daily.

39. Upon the appearance of any tendency or symptons whatever of yellow fever, they shall at once be placed in a suitable isolated locality.

40. If they develop a case, they shall be placed in the hospital of the station.

41. The persons will remain at the station ten days.

42. Persons thus detained will be given a certificate to the effect that disinfection has been practiced and detention of ten days enforced, signed by the resident officer of the United States Marine Hospital Service.

43. Well authenticated immunes will not be detained, but will be disinfected.

44. Then the persons should be received everywhere and by everybody as being incapable of conveying infection.

45. REGULATIONS GOVERNING FREIGHT.

46. Articles should not be shipped from dwellings, nor from places contiguous to dwellings, without being disinfected.

47. *Class 1*—The following articles should be admitted without disinfection or restrictions of any sort: All new and dry material, unpacked, such as lumber, machinery, new brick, new tiling, bar and

sheet iron, tin, steel, agricultural implements—no part of which is textile, iron ties, stoves, saddlery not upholstered, wagons, new trunks, hardware without packing, lime, ice and salt in bulk, tar, turpentine, rosin, stone, gravel, coal, coke, cement, grain in car loads and cooperage, oysters and fish packed in ice.

48. Fruits—sound and taken directly in good condition from clean vessels and transferred at wharves not infected and in good sanitary condition immediately to the disinfected cars for shipment—require no disinfection.

49. Freight, taken directly from clean vessels to cars at a wharf not infected and in good sanitary condition, will require no disinfection.

50. Live stock and poultry are included in this list.

51. All disinfected cars to be placarded and way bills certified to by proper sanitary officers.

52. *Class 2*—The following articles will require only superficial disinfection, *i. e.*, outside of container: All goods in original wooden or metal packages, not broken or packed in an infected locality. This class embraces boots and shoes in original packages, cotton, dry goods in original cases, leather goods, saddlery and saddlery hardware, drugs and chemicals in solid cases or packages, rubber and oiled clothing, sugar in boxes or barrels, rice in barrels, canned fruits, vegetables, meats and oysters, also condensed milk in solid unbroken boxes, stone, iron or tinware, tobacco and cigars, wines and liquors, cheese in original boxes, flour, grits and meal in barrels, woodenware, butter, tea in caddies, candles in boxes, lard, pork, bacon, oils and paints in tin cans or barrels, soap in boxes, axle grease, iron roofing, saddle-trees, raisins, matches, salted fish, potatoes, onions and apples, molasses.

53. Goods other than textile, packed in textile material, not broken in an infected locality, and kept perfectly dry, do not require disinfection, except of the container. This includes coffee, grain, and spices in sacks, as also cured hams in canvas.

54. *Class 3*—Articles not in the above classes, if they have been exposed to infection, will be disinfected before they are shipped; the efficiency of said disinfection shall be certified to by the proper health authorities. This refers to all merchandise not manufactured in an infected locality, but kept in stock for distribution, which has not been exposed to any infection, and may be safely shipped without being fumigated.

55. When it has been exposed to infection, then it should be fumigated to be made harmless.

56. When desired, all goods of this character can be made to undergo a treatment of fumigation and disinfection before being certified to by the proper health authorities.

57. Articles mentioned above that can be packed in excelsior, in perforated containers, rendering the excelsior and contents capable of disinfection, will be disinfected and passed.

58. *Class 4*—During the prevalence of yellow fever in any city, town, or locality, no bedding or household effects from such city, town, or locality shall be received for shipment to other points.

59. All certificates and all disinfections are subject to inspection and approval by authorized agents, who may be sent by the various health authorities.

60. REGULATIONS GOVERNING THE MANAGEMENT OF OPENED ORIGINAL PACKAGES.

61. Each establishment packing and repacking will employ and pay a sanitary inspector appointed by the United States Marine Hospital Service.

62. At the hour of arrival of the workmen at the establishment he will see that they are all gathered at the same place and the doors barred and remain so; also the doors of the rooms where they are at work.

63. The rooms will be previously disinfected.

64. The workmen will disinfect the exposed parts of their bodies.

65. They will remove all of their clothing down to the skin.

66. They will don disinfected clothes, which will be clean and left by them the day before and passed through the formaldehyde chamber as above.

67. They will then only be permitted to open original packages and distribute them and form other packages.

68. When these packages are completed and closed they will be stamped by the Sanitary Inspector as inspected and safe.

69. The Sanitary Inspector must also be disinfected in like manner as the workmen.

70. During the work, the Sanitary Inspector will watch the work all the time.

71. After the work, the workmen will remove their clothing and don their ordinary clothes, which, during the working hours, have been passed through the formaldehyde chamber.

72. A General Supervisor, employed by the United States Marine Hospital Service, will check the efficiency of the Sanitary Inspectors in stated sections or a number of establishments.

73. In case of disobedience of any of the regulations, the Sanitary Inspector will refuse to stamp the packages.

74. In packing goods into original packages only such packing material must be used as has been disinfected within the previous twelve hours.

75. A Medical or Sanitary Inspector from interested States or localities will always be admitted *at once* into the establishment to see if the regulations are carried out properly.

76. Regulations Governing Operatives in Factories.

77. The same regulations apply to operatives in factories which intend to ship their goods to non-infected localities.

78. In addition, such goods themselves must be disinfected.

79. Regulations Governing the Disinfecting of Freight on Cars and Steamboats.

80. All freight in cars and the cars themselves, and all freight on or in boats and such parts of the boats themselves shall in all cases be disinfected by the United States Marine Hospital Service whenever and wherever that service may deem the same necessary.

81. Regulations Governing Railroad Traffic Through an Infected Town to Points South.

82. A passenger train to infectable locality shall not stop in an infected town, nor shall the windows or doors be allowed to be open therein, and no communication shall be allowed between the passengers or train crew and the town.

83. Freight traffic through such a town should be without stopping.

84. In cases where stopping in town is absolutely necessary for freight traffic, and also when the town is large, and the infection general, a special crew shall take the train through the town. The relay stations where these changes are made shall be under sanitary supervision.

85. Sanitary Inspectors should also be stationed in town.

86. Empties must not stay in an infected town or be packed in an infected locality.

87. Flat cars to be swept clean.

88. Box cars shall be made mechanically clean and dry, and sent open to the relay station, where they are to be inspected for tramps.

89. From the relay station they should be sent on under seal.

90. All fruit cars to be disinfected.

91. Cars should be removed from an infected locality as soon as empty.

92. If not they should be disinfected when they leave.

93. They should be sent with windows and doors open, and the cars must be fully inspected at the relays for tramps.

94. Regulations Governing the Mails from an Infected Locality to Points South.

95. Letter mail needs no disinfection.

96. Newspapers must be disinfected.

97. Parcel mail is excluded altogether.

98. Regulations Governing Relays of Trains from an Infected Locality to Points South.

99. All train crews from an infected town must be changed and not be allowed to have direct communication with certainly clean territory.

100. This should be done at a non-infected place as isolated as possible; a siding, rather than a station, and certainly not in a town.

101. Every man, mail agent, expressman and train butcher must make that relay.

102. If we know that he is going North, not to return to points South, in this case he is like a through passenger.

103. Pullman crew to be relayed.

104. None of the merchandise of the train butcher must pass the relay.

105. Disinfected newspapers will be excepted.

106. No possible fomites must pass the relay to the crew bound North, and as little communication as possible, none save such as is necessary for the run of the train, is allowed.

107. The relay must be under the supervision of a sanitary officer or officers (two are generally required), whose position is one of great responsibility.

108. At these stations a very careful search for tramps must be instituted.

109. The camps for the north and south crews should be at a considerable distance from each other.

110. The run of trains should be arranged so as to have the crews in camp as little as possible.

111. For passenger trains there need be no delay.

112. For freight trains generally there must be, and their crews must go in camp.

113. Occasions may arise where it is necessary to guard the southern relay camp by a number of guards, as if it were a camp of detention.

114. It must never be allowed to become infected.

115. If it does the camp must be moved.

116. Regulations Governing Railroad Traffic from an Infected Town to Points North.

117. Through traffic—*i. e.*, to points incapable of receiving yellow fever infection, to be designated hereafter as "points North."

118. Freight in sealed cars can go without hinderance to destination.

119. REGULATIONS GOVERNING THE MAILS TO POINTS NORTH.

120. Through mail not distributed South needs no restrictions, except disinfection of bags.

121. REGULATIONS GOVERNING PASSENGER TRAFFIC TO POINTS NORTH.

122. *Passenger* traffic to points North can be allowed by preventing all chance of such passengers conveying infection *en route*, either by themselves leaving the train *en route* or by returning to points South, or by fomites mainly their clothing.

123. This traffic must be on special cars reserved for these passengers, and preferably on a special train.

124. A Sanitary Inspector must accompany them through the quarantined territory, under whose absolute sanitary charge the train is.

125. The coaches which carry these passengers must be disinfected before the return South.

126. Laundry of Pullman cars must not be done in an infected place.

127. REGULATIONS GOVERNING DUTIES OF INSPECTORS.

128. Train inspectors must be properly relayed.

129. Those running from the infected town should be immune.

130. If they sleep in clean territory they *must* be immune.

131. REGULATIONS GOVERNING STEAMBOAT COMMUNICATIONS.

They may be carried on—

132. By relays like railroad trains.

133. By supervision of the landing of freight and loading of same, so as to prevent communication between the people ashore and the boat.

134. It is confessedly difficult, but possible.

135. REGULATIONS GOVERNING YELLOW FEVER LOCALITIES.

136. Localities infected with yellow fever, and localities contiguous thereto should be depopulated as rapidly as possible, so far as the same can be safely done.

137. Persons from non-infected localities, and who have not been exposed to infection, being allowed to leave without detention, and on leaving such place shall be provided with health certificates of the following form by the legally constituted health authorities of the place:

OFFICE OF BOARD OF HEALTH,

....., 189..

Health Officer.....

To whom it may concern:

This is to certify that Mr.....has given satisfactory evidence to me that he has been in.....not less than ten days, and, to the best

of my knowledge and belief, he has not been exposed to the infection of yellow fever, and has not been in any infected or suspected locality for ten days.

Description: Age, ... years. Weight, ... pounds. Height, ... Complexion, ... Hair, ... Eyes, ...

.....

Signature:..... Health Officer.

138. When deemed necessary affidavit shall be required by the Health Officer.

139. The certificate shall be issued without fee.

140. Regulations Governing Measures to be Taken in a Town or Locality Which May Not Require Quarantine.

141. If an inspection shows that the disease be certainly confined to a few houses, and all persons who have been exposed to possible infection are known, and these houses and people isolated under observation, the remainder of the town need not be quarantined.

142. Should either of these conditions fail, the town shall be quarantined.

143. When practicable, the patient shall be removed to hospital or other quarters little liable to infection, and so situated as to involve a minimum of danger, if infected.

144. If the patient can not be removed, all possible precautions must be taken to prevent contamination of his premises.

145. Those certainly immune to yellow fever may be given free pratique after disinfection of effects.

146. Non-immunes may be permitted to go to places incapable of infection, to remain there during the period of incubation, requiring disinfection of baggage, unless certain that they will remain in such territory.

147. Non-immunes not going to such places shall, if practicable, be isolated under observation in non-infected quarters, so situated that if fever develops among them there shall be as little danger as possible of conveying infection; their effects being disinfected upon isolation.

148. Such persons as are isolated under observation on account of exposure to yellow fever, shall be isolated for a period of not less than ten days from the last possible time of exposure to infection. They shall be inspected—twice daily is advised.

149. Premises occupied by, or having been occupied by a case sick with yellow fever, shall be treated as infected and be under sanitary control.

150. Such neighboring premises as are close enough for their inmates to receive infection from the above shall also with their inmates be under sanitary control.

151. These premises shall be strictly guarded, and no communication with those outside except under such rules and supervision as will prevent the conveyance of the disease.

152. All possible precautions shall be taken to prevent exposure of the guards and other attendants to infection.

153. If possible, they shall be immune.

154. They shall be under proper supervision.

155. On the recovery, removal, or death of a case of yellow fever, the premises shall be immediately disinfected.

156. Such neighboring premises as from proximity are presumably infected are also to be disinfected.

157. Coincidentally with the foregoing measures a house-to-house inspection should be made of the whole community to determine whether other cases exist.

158. In the case of the death of a patient the body shall be disposed of under such sanitary precautions as will prevent the conveyance of infection.

159. Regulations Governing Measures to be Taken When a Town or Locality Requires to be Quarantined.

160. If the inspection of a town in which yellow fever exists does not show that all foci of infection, possible fomites and persons liable to develop the disease, are under observation ("in quarantine") or if cases occur which can not be traced to any known focus, such town shall be subject to quarantine.

161. Those who have been exposed or who come from infected localities shall be required to undergo, in the camp of probation, or other designated place, a period of detention and observation of ten days from date of last exposure, before being permitted to proceed to a locality capable of being infected, their clothing and other effects capable of conveying infection being disinfected upon entrance to place of detention.

162. For persons known to be immune to yellow fever, detention is not required, merely the disinfection of their baggage and clothing.

163. Persons who have been exposed may be permitted to proceed, under proper sanitary supervision while passing through infectable territory, without detention, to localities incapable of becoming infected, and whose authorities are willing to receive them, to remain there ten days.

164. The baggage of such persons shall be disinfected unless it is certain they will not return into infectable territory.

165. This exemption from disinfection shall not apply to baggage from an infected house for any point, or to baggage to points which object to receiving it undisinfected.

166. NOTE.—On account of the extreme difficulty of the health officer determining the ultimate destination of passengers bound for Atlanta, Charlotte, Nashville and similar distributing points for passengers South, the baggage of such passengers should be disinfected.

167. An adjacent town which is in direct communication with an infected town must be considered as being neutral territory and therefore under quarantine.

168. Also such territory as from its proximity or relations to an infected town can not be pronounced certainly clean.

169. REGULATIONS GOVERNING METHODS OF DISINFECTIONS.

170. The following methods of disinfection are considered efficient for Yellow Fever.

171. Apartments or dwellings infected with yellow fever to be disinfected by one or more of the following methods:

(*a*) By a thorough washing of all surfaces of apartments with an efficient germicidal solution.

(*b*) By a sulphur dioxide for twenty-four hours' exposure, four pounds of sulphur for each 1000 cubic feet, plus due allowance made for waste.

(*c*) By formaldehyde gas in not less than a 4 per cent. per volume strength, and not less than six hours' exposure.

172. NOTE.--One litre of 40 per cent. solution of formaldehyde gas will involve about 1425 litres (50.1 cubic feet) of gas at 20 deg. C. (68 deg. F.)

173. Grounds, outbuildings, etc., deemed to be infected, to be disinfected with a strong solution of crude carbolic acid (carbolic acid, crude, two parts; sulphuric acid, one part; water, twenty-five parts) or an acid solution of bichloride of mercury (1-500), disinfection of ground preferably by fire.

174. Bedding, wearing apparel, carpets, upholstered furniture and the like to be disinfected by one or more of the following methods:

(*a*) By steam at a temperature of 100 to 102 deg. C., 30 minutes exposure.

(*b*) By boiling, all parts of the articles to be submerged.

(*c*) By saturation in an efficient germicidal solution.

(*d*) By thoroughly wetting the surface of articles with a 40 per cent. aqueous solution of formaldehyde, and placing them in a closed space for not less than twelve hours.

(*e*) Where surface disinfection is required formaldehyde gas of not less than a 4 per cent. per volume strength and not less than six hours' exposure, or by sulphur dioxide for not less than twenty-four hours.

175. The dejecta from cases of yellow fever to be disinfected by an efficient germicidal solution.

176. Mails to be disinfected by one of the following methods:

(*a*) By formaldehyde.

(*b*) By sulphur dioxide.

(*c*) By steam.

177. Newspapers must be made up in such packages as shall be penetrable to the disinfectant used.

178. Articles injured by steam, such as rubber, leather, and containers, to which disinfection by steam is inapplicable, to be disinfected:

(*a*) By thoroughly wetting all surfaces with an efficient germicidal solution, the articles being allowed to dry.

(*b*) By exposure to sulphur dioxide.

(*c*) By exposure to formaldehyde gas.

179. The application of gaseous disinfection to these articles should be made in a closed space, air-tight, or as nearly so as possible.

180. The following are considered efficient germicidal solutions:

(1) Bichloride of mercury, acid, 1-1000.

(2) Carbolic acid, pure, 5 per cent. solution.

(3) Trikresol, 2 per cent. solution.

(4) Solution of formaldehyde, 1-500 (which is two parts of a 40 per cent. solution of formaldehyde to 25 parts of water).

(5) Solutions of hypochlorite of calcium (chloride of lime).

181. SUNDRY RESOLUTIONS.

182. *Resolved*, That this Convention approves the plan of having medical inspectors attached to those consulates where yellow fever and cholera are epidemic, with a view of securing for our protection definite information as to the exact sanitary condition, and the presence or absence of contagious diseases in such consular district. And that Congress be urged to make the necessary appropriation to carry the plan into effect.

183. *Resolved*, That this Convention is of the opinion that it is a duty devolving on all nations to take measures to eradicate any plague centre from their territory, and that the existence of such plague centres is a menace to all other nations, and that our State Department be requested to take measures, through the proper diplomatic channels, for the conveyance of this opinion to the governments deemed obnoxious to the opinion therein expressed.

184. *Resolved*, That a copy of these proceedings be sent to the governors of the States of Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Texas, Tennesse and Arkansas, with a request that they communicate the same to the different health officials of their respective States.

185. *Resolved*, That the health officials, State, county and municipal, of the above States be requested to adopt the regulations of the Atlanta convention as a basis for their quarantine proceedings.

186. *Resolved*, That a copy of the regulations of this Convention be forwarded to each member of Congress.

187. *Resolved*, That the chair appoint a committee of three on publication.

188. The Chair appointed Dr. Edmond Souchon, of New Orleans, La., Chairman; Dr. Rhett Goode, of Mobile, Ala.; Dr. J. F. Alexander, of Atlanta, Ga.

Chairman Committeee on Publication:

EDMOND SOUCHON, M. D.,
President Louisiana State Board of Health.

APPENDIX.

The Regulations governing Disinfecting and Detention Stations or Camps, and Govering Freight, had been previously adopted and recommended, about as printed above, by a Conference between representatives of Southern boards of health, railroad and steamboat officials.

The Conference had been called by Dr. Edmond Souchon, President of the State Board of Health of Louisiana; it was held in the city of New Orleans, on April 8, 1898.

There were present at the Conference—For Louisiana: Dr. Edmond Souchon, President of the State Board; Dr. John J. Castellanos, of said Board; Dr. C. P. Wilkinson, of the New Orleans Quarantine Station.—For Mississippi: Dr. S. R. Dunn, Dr. H. H. Haralson, Dr. Folkes, of Biloxi, Dr. Bailey, of Ocean Springs.—For Alabama: Dr. W. H. Sanders, State Health Officer.—For South Carolina: Dr. H. B. Horlbeck, of Charleston.—For the United States Marine Hospital Service: Dr. H. R. Carter.—For the Railroads: Messrs. Owen, Van Vleck, and Fay, of the Southern Pacific; Messrs. Harvey and Curran, of the New Orleans & Northeastern; Mr. O. M. Dunn, of the Illinois Central; Mr. Charles Marshall, of the Louisville & Nashville, and Mr. N. S. Hoskins, of the Car Service Association.—For the Steamboats: Capt. Charles P. Truslow, President of the Steamboat Owners' Exchange, Capt. J. B. Woods and Capt. George H. Lord. E. S.

FINANCIAL STATEMENT.

THE STATE BOARD OF HEALTH,

In account with *The State of Alabama:*

1897.		DEBITS.	
April	1.	To balance on hand from last year	$ 286 65
May	5.	To cash from Treasurer	250 00
June	8.	" " "	250 00
	30.	" " "	250 00
July	31.	" " "	250 00
Aug.	8.	" " "	250 00
Oct.	1.	" " "	250 00
Dec.	1.	" " "	250 00
	6.	" " "	250 00
	30.	" " "	250 00
1898.			
Feb.	2.	" " "	250 00
M'ch	4.	" " "	250 00
	31.	" " "	250 00
		To total receipts	$ 3,286 65

1897.		CREDITS.	
April	12.	By postage	$ 10 00
	24.	cash refunded to clerk for extra clerk hire	50 00
	26.	cash for postage	10 00
May	4.	health officer's salary for April	150 00
	4.	clerk's salary for April	41 65
	18.	cash for postage	10 00
	18.	clerk's expenses to Birmingham on official business	8 25
	29.	cash for postage	15 00
	29.	health officer's salary for May	150 00
	30.	health officer's expenses to Philadelphia to attend meeting of American Medical Association and Conference of State Boards of Health	65 50
May	26.	health officer's expenses to Ft. Deposit and Greenville to investigate small-pox	2 50
June	8.	clerk's salary for May	41 65
	8.	P. O. Box rent	1 50
	10.	cash to W. U. Telegraph Co	7 08
	24.	cash for postage	10 00
	25.	cash to W. C. Holt for stationery	8 25

	28.	health officer's expenses to Pratt Mines and Coalburg Prisons to inspect prisons	6 50
	29.	health officer's expenses to Carbon Hill, Walker county, to investigate small-pox.	5 85
	30.	drayage on books from Washington, D. C...	25
	30.	cash to Brown Printing Co. for blanks, &c...	22 00
	30.	health officer's salary for June.....	150 00
	30.	clerk's salary for June.....	41 65
July	6.	health officer's expenses to Columbiana, Shelby county, to investigate small-pox .	3 82
	15.	health officer's expenses to Evergreen, to investigate small-pox	2 00
	16.	cash to W. U. Telegraph Co.....	1 89
	16.	P. O. box rent....	1 50
	16.	cash for postage.....	10 00
	17.	health officer's expenses to Birmingham and Carbon Hill, to investigate small-pox...	8 60
	17–19.	health officer's expenses to Nashville to attend Conference State Boards Health...	18 64
	19.	health officer's expenses to Anniston, to investigate small-pox.....	4 41
	29.	health officer's expenses to Birmingham, to look after small-pox.....	17 50
	31.	cash to Brown Printing Company.....	129 50
	31.	clerk's salary for July	41 65
Aug.	2.	cash 2,000 stamped (2c.) envelopes.....	48 60
	2.	cash for postage	10 00
	2.	cash for 500 stamped (1c.) envelopes.....	5 54
	1–4.	health officer's expenses to Buena Vista, Monroe county, to investigate small-pox.....	20 98
	5–6.	health officer's expenses to Birmingham, to look after small-pox.....	5 00
	5.	health officer's salary for July	150 00
	14.	health officer's expenses to Uniontown, Perry county, to investigate small-pox.....	12 60
	19.	cash to W. U. Telegraph Co.....	3 15
	23–24.	health officer's expenses to Birmingham, to look after small-pox	5 00
	26.	health officer's expenses to Ocean Springs, Miss., to investigate yellow fever.....	4 40
	31.	health officer's expenses to Opelika, to investigate small-pox	4 85
	31.	cash for postage....	10 00
Sept.	2.	health officer's expenses to Birmingham, to look after small-pox	2 00

	2.	cash to White, Woodruff & Fowler for stationery	8 50
	2.	cash to Western U. Telegraph Co	7 78
	4.	health officer's expenses to Ocean Springs, to investigate yellow fever	11 20
	8.	clerk's salary for August	41·65
	9.	health officer's salary for August	150 00
	27.	cash for postage	10 00
	30.	clerk's salary for September	41 65
Oct.	5.	cash to health officer on September salary	50 00
	6.	cash to health officer on September salary	20 00
	7.	cash to J. H. Bankhead, Jr., Esq., att'y's fee for prosecuting H. B. Lane (Fayette Co.) for practicing medicine without license	25 00
	13.	P. O. box rent	1 50
Nov.	1.	clerk's salary for October	41 65
	6.	cash for postage	10 00
	13.	drayage on books from Washington, D. C	25
	22.	cash to H. M. Alexander & Co., Marietta, Pa. for vaccine virus	5 00
	30.	clerk's salary for November	41 65
Dec.	8.	health officer's salaries for Oct. and Nov	300 00
	8.	cash for postage for Annual Blanks	20 00
	8.	cash to White, Woodruff & Fowler (station'y)	2 10
	30.	clerk's salary for December	41 65
1898.			
Jan.	16.	P. O. box rent	1 50
	16.	cash to health officer on December salary	100 00
	22.	health officer's expenses to Pinckard and Ozark, Dale Co., to look after small-pox.	8 72
	29.	cash to W. A. Saffold (typewriter exchange)	75 00
	30.	clerk's salary for January	41 65
	29.	Dr. Franklin's expenses to Montgomery and return, to meeting Public Health Committee	2 44
Feb.	18.	health officer's expenses to Clarke county, to investigate small-pox	8 70
	18.	second trip to Clarke county	8 70
	20.	health officer's expenses to Crenshaw county, to investigate small-pox	8 80
	21.	health officer's expenses to Lowndes county, to investigate small-pox	2 50
	25.	cash for postage	10 00
	28.	cash to health officer, balance on Dec. salary	50 00
	28.	clerk's salary for February	41 65

M'ch	1-2.	health officer's expenses to Birmingham, (small-pox)	8 00
	5.	cash for postage	10 00
	4-5.	health officer's expenses to Chilton county, (small.pox)	2 50
	6.	expressage on Tuscaloosa county Annual Report from Dr. Read at Chicago	80
	12.	telegram from Dr. Kilpatrick, Camden, Ala., to State health officer at Mobile	50
	12.	expressage on Escambia county Annual Report	85
	13-14.	health officer's expenses to Wilcox county, (small-pox)	15 90
	14.	cash to health officer on salary for March	67 21
	15.	health officer's expenses Elmore county, (small-pox)	2 42
	17-18.	health officer's expenses Tuscaloosa, (small-pox)	4 50
	21.	health officer's salary for January	150 00
	22.	health officer's expenses to Chilton county, (small-pox)	1 50
	22.	Postal Telegraph Co	1 54
	24.	expressage on letter heads from St. Louis	1 00
	25.	W. U. Telegraph Co	5 09
	26-27.	health officer's expenses to Sumter county, (small-pox)	7 85
	29.	expressage on package from Dr. Sholl, Birmingham	60
	30.	P. O. Box rent	1 50
	30.	expressage on papers from Tuscaloosa	80
	31.	cash to Brown Printing Co. (blanks, &c.)	58 55
	31.	cash to Postal Telegraph Co. at Mobile	3 60
	31.	cash to Postal Telegraph Co. at Montgomery	2 16
	31.	cash to W. U. Telegraph Co	2 18
	31.	health officer's salary for February	150 00
	31.	cash to health officer, balance on March salary	82 79
	31.	clerk's salary for March	41 65
	31.	cash to health officer, balance on September salary	80 00
		Total expenditures	$ 3,180 49

RECAPITULATION.

By total receipts April 1, 1897, to April 1, 1898	$ 3,286 65
Total expenditures, same time	3,180 49
To balance on hand	$ 106 16

THE COLLECTION OF VITAL AND MORTUARY STATISTICS.

THE WORK OF THE COUNTY BOARDS.

Autauga County Board.—The progress made in the work by this board for the past year has not equalled our expectations. At the time of our last report Dr. R. M. Davis was the county health officer, and his reports gave promise of improvements. After repeated and energetic efforts, however, to induce the doctors and midwives to report their cases, all of which proved practically futile, he gave up the work and was succeeded by Dr. Clarence Rice, who, while honestly striving to do his duty, has been greatly hindered by the same difficulties that confronted his predecessor.

Baldwin County Board.—Dr. W. M. Lovelady, the efficient county health officer, notwithstanding the many and serious difficulties that lie in his way, and which have been mentioned in our past reports, still continues to send up almost perfect reports for this county.

His work certainly demonstrates what determined and systematic efforts can accomplish. He not only sends up his reports in neat and proper form every month, but the birth and death rates in each report show how nearly complete his returns are.

Barbour County Board.—The work in Barbour is still progressing, though not as as it should, which is due mainly to the inability of the county health officer to get the doctors to report their cases. Dr. W. A. Smart is now the health officer and has taken hold of the work with considerable vim and energy. We hope the doctors, and especially his board of censors, will rally to his support.

Bibb County Board.—The work in Bibb continues to be well done. Dr. J. U. Ray is still the county health officer and is doing his full duty.

Blount County Board.—The improvement that we had hoped for in this county under the administration of Dr. F. N. Hudson, has, we regret to say, failed to materialize. The work is still in bad shape.

Bullock County Board.—This has always been one of our "banner" counties, and Dr. Seale Harris, the efficient county health officer, still keeps it well up in the front ranks.

Butler County Board.—Dr. J. C. Kendricks is still the county health officer and continues to send up his reports promptly, though he is obliged to report every month a considerable number of doctors as "delinquent."

Calhoun County Board.—We have received no reports from this board in several months and are unable to account for the fact, as

Dr. W. B. Arberry, who has been the county health officer for several years, has never failed heretofore to send his reports up promptly and in perfect shape.

Chambers County Board.—No reports have been received from this board in several years, although the board has made repeated promises to re-organize the work and get up the statistics.

Cherokee County Board.—The work in Cherokee continues to improve. Dr. R. L. McWhorter is still the county health officer.

Chilton County Board.—This board has made no attempt at the collection of vital statistics for several years.

Choctaw County Board.—No progress can be reported in the work of this board. Dr. F. P. Clarke is still the county health officer.

Clarke County Board.—The work has for a number of years been well done in this county. Dr. G. S. Chapman is still the county health officer and continues to keep the work in good shape.

Clay County Board.—The statistics in Clay county continue to be well collected by Dr. Thomas Northen who has been the efficient county health officer for several years.

Cleburne County Board.—Dr. T. L. Thomasson is still the county health officer, but has allowed the work in his county to completely collapse.

Coffee County Board.—No reports for several years. All efforts to arouse the doctors have failed.

Colbert County Board.—No reports for several years.

Conecuh County Board.—Dr. Andrew Jay, who for several years was the efficient health officer in this county, has been succeeded by Dr. A. A. McKittrick, who continues to keep the work in splendid shape. Dr. McKittrick has had experience in the work before and has always made a model county health officer.

Coosa County Board.—Some progress is being made in Coosa, but not as much as we had hoped for.

Crenshaw County Board.—Dr. G. S. Tankersley is still the county health officer and has striven hard to bring his county into line, but with little success. His failure is due to the apathy and negligence of his doctors. Some progress, however, is being made.

Cullman County Board.—No progress can be reported for this county. Dr. R. H. Baird, the county health officer, has sent up no reports for several months.

Dale County Board.—No reports for several years.

Dallas County Board.—The work in this county continues to be well done by Dr. Jno. A. McKinnon, the county health officer, especially the work for the city of Selma.

DeKalb County Board.—No county in the State, perhaps, within the past year has made the rapid progress that has been made by the board in this county. The work has always been fairly well done, but recently Dr. E. P. Nicholson took hold of it and his determined and systematic efforts have succeeded in placing his county right up in the front ranks. His reports are now well-nigh complete.

Elmore County Board.—The work in this county continues to be fairly well done. Dr. O. S. Justice is the county health officer.

Escambia County Board.—The reports from Escambia are received promptly each month and besides being almost complete are always in proper shape, neatly and correctly made out.

Etowah County Board.—The work in Etowah has been steadily improving for some time and is now in a very good condition. The county health officer is Dr. E. T. Camp.

Fayette County Board.—The improvement in Fayette county also continues under the able and energetic administration of the present county health officer, Dr. J. G. Smith, who deserves special commendation for the successful efforts he has made during the past two years, against great odds, to bring his county out of the slough of neglect into which it had fallen. The statistics are now being well collected and promptly forwarded every month.

Franklin County Board.—This board has never exerted itself to any great extent towards the collection of statistics, and has made no reports for years.

Geneva County Board.—This board has sent up no reports for several years, but Dr. R. L. Justice has just been elected county health officer and promises to make a strong and determined effort to redeem his county. We trust his efforts will meet with success. There is no reason why they should not.

Greene County Board.—Has sent up no reports for several years.

Hale County Board.—The work in Hale is still in the hands of Dr. Jacob Huggins, as county health officer, and remains in statu quo, that is, does not improve, but is fairly well done.

Henry County Board.—The work in this county improved somewhat during the early part of last year, and Dr. H. M. Young, the county

health officer, promised still further improvement, but his subsequent reports have not borne out his promise.

Jackson County Board.—Continues to do splendid work. The reports are almost perfect. Dr. W. C. Sanders is the county health officer.

Jefferson County Board.—This is perhaps our "Banner" county—everything taken into consideration.—Large, cosmopolitan, and populous, it is naturally hard to manage, but nevertheless there ports have almost reached the point of perfection, owing to the energetic and able efforts of the county health officer, Dr. J. W. Barclay and the splendid support given him by his county board, which should serve as an example for other counties.

Lamar County Board.—The work in Lamar continues to be poorly done, no ground has, perhaps, been lost but certainly none gained. Dr. W. F. Elliott is still the county health officer.

Lauderdale County Board.—No reports for several years.

Lawrence County Board.—The reports from this county continue to come up promptly, but are not complete. The county health officer is Dr. W. J. McMahon.

Lee County Board.—No reports for several years.

Limestone County Board.—This is another county that has sent up no reports for some time. Dr. W. J. Hagan fills the position of county health officer, but makes no reports.

Lowndes County Board.—No attempt at the collection of vital and mortuary statistics has been made in Lowndes for several years, although under the administration of Dr. Shirley Bragg four or five years ago, this was one of our "banner" counties, which demonstrates clearly that the complete collection of the statistics of the county is a practical possibility.

Macon County Board.—No report for several years.

Madison County Board.—We regret very much to have to state that the work in Madison has completely collapsed within the past year. Dr. R. M. Fletcher, Jr., the county health officer, used to send up his reports promptly every month, but for some time has made no reports at all.

Marengo County Board.—This has always been a hard county to manage, but just why, we are unable to say, as the doctors are all above the average in intelligence and ability. Dr. J. R. Goodloe, the health officer for the past year, would have made a success of his work had he received the proper support and encouragement of the doctors

of his county, and especially the members of his board. Dr. W. L. Kimbrough is now the county health officer and should receive better support than was given his predecessor.

Marion County Board.—No reports for several years.

Marshall County Board.—No reports for several years.

Mobile County Board.—This is another county we can point to with special pride and pleasure as sending up almost complete and perfect reports in every respect. Dr. P. J. M. Acker is still the county health officer and deserves great credit for his splendid work.

Montgomery County Board.—The work in Montgomery county has been constantly improving for several years and is now in very good shape. Dr. Shirley Bragg, who for a number of years kept Lowndes county up to the "top notch" in the face of many difficulties, is now the county health officer and gives every evidence of doing his full duty.

Monroe County Board.—We regret to have to again report no progress by this board. Dr. J. M. Wiggins is the county health officer.

Morgan County Board.—The work in Morgan continues about the same, that is to say, is fairly well done, but is not perfect. Dr. S. L. Roundtree is the county health officer.

Perry County Board.—No reports from this board in several years.

Pickens County Board.—No reports for several years.

Pike County Board.—The work in Pike continues to progress, but slowly. Dr. C. W. Hilliard, the county health officer, sends his reports up every month, with a long list of "delinquents" which explain to a great measure the cause of the incompleteness of his reports.

Randolph County Board.—Dr. P. E. Dean, the county health officer, continues to exert every effort to get up complete statistics for this county, and is making considerable progress. He is one of the most wide awake and efficient health officers in the State and with the proper support would soon have his county flying the "banner."

Russell County Board.—No statistics from this board in several years.

Shelby County Board.—For several years this county has made no effort towards the collection of vital statistics, but Dr. J. H. Gunn, has recently been elected county health officer, and has started out with a vim and will, that if kept up, is bound to crown his efforts

with success It is earnestly hoped that the doctors of his county will render Dr. Gunn all the assistance they possibly can.

St. Clair County Board.—Continues to send up reports promptly every month. Is making some progress, we think, but not as much as it should under the circumstances. Dr. D. E. Cason is still the county health officer.

Sumter County Board.—County health officer, Dr. D. S. Brockway. Condition of the work, fair, with slight improvement. Reports are sent up promptly every month.

Talladega County Board.—Another county in which the work is crippled by failure of the doctors to properly appreciate their duty. Dr. W. F. Thetford continues to "hold the fort," however, and is probably making some progress.

Tallapoosa County Board.—The reports from this county, though generally belated, are usually pretty full and well gotten up. County health officer, Dr. A. L. Harlan.

Tuscaloosa County Board.—The health officer of this county, Dr. J. B. Read, has been in wretched health for several years and is obliged to go out of the State nearly every year for treatment. He still manages, however, to have the work kept up in tolerably good shape, and always sends his reports up promptly.

Walker County Board.—No reports have been received from this board for some time. Dr. A. M. Stovall is still acting as county health officer and promises to send up reports from now on.

Washington County Board,—No reports from this board since its organization.

Wilcox County Board.—No reports for several years.

Winston County Board.—The work in Winston is still in the hands of Dr. J. C. Taylor, who, perhaps, is making some progress.

ACTION OF THE ASSOCIATION ON THE REPORT OF THE BOARD OF CENSORS.

During and at the close of the reading of the report of the board of censors the following action thereon was taken:

(1) It was moved and adopted that the president's first recommendation, with certain modifications, (see pages 20 and 82) be approved.

(2) It was moved and adopted that the president's second recommendation (see pages 21 and 83) be not approved.

In this connection board of censors state that last year they made an appropriation of $60.00 for a stenographer and an appropriation of $100.00 for publishing committee. Action approved.

(3) It was moved and adopted that the president's third recommendation (see pages 23 and 84) be approved.

(4) It was moved and adopted that the president's fourth recommendation (see pages 26 and 85) be not approved.

(5) Recommendation of board of censors in reference to committee to examine books of treasurer (see page 87) was adopted.

(6) Recommendation in regard to delinquent county societies (see page 88) was adopted.

(7) The recommendations in regard to Needed Legislation (see pages 88, 89 and 90) were all approved and adopted.

(8) Recommendation relative to change in ordinance providing for printing of programmes, badges, etc. (see page 90) was approved and adopted.

(9) Recommendation regarding new Book of the Rules (see page 91) was approved and adopted.

(10) Recommendation to change site of proposed monument to Dr. Jerome Chochran from Selma to Montgomery (see page 91) was approved aud adopted.

(11) Decision of board of censors in the matter of the resolutions offered at last meeting by Dr. G. S. Brown of Birmingham, and referred to board of censors (see pages 91 and 92) was approved.

(12) Resolutions endorsing The Alabama Medical and Surgical Age (see page 94) were adopted.

(13) Resolution regarding committee to co-operate with Dental Association (see page 94) was adopted.

(14) Report of State board of medical examiners (see pages 95, 96 and 97) was adopted.

(15) Resolutions on death of Dr. Chas Whelan and Dr. S. D. Seelye (see page 95) were adopted.

(16) The several accounts submitted (see pages 94, 96, 97 and 128 to 132) were all approved.

(17) Report of statistics, epidemics, quarantine regulations, etc., was adopted.

(18) On motion the reports severally and as a whole were adopted.

THE REVISION OF THE BOOK OF THE ROLLS.

THE FIRST ROLL—THE REVISION OF THE ROLL OF THE COUNTY SOCIETIES.

The Committee on the Revision of the Rolls, composed of the senior censor, the secretary, and the treasurer, reported three schedules of county societies, as follows:

(1.) *Societies not Delinquent.*

That is to say, societies with all their constitutional obligations fulfilled—delegates in attendance, reports made, and dues paid:

Barbour, Bibb, Bullock, Butler, Calhoun, Chambers, Cherokee, Clarke, Cleburne, Cullman, Elmore, Escambia, Etowah, Dallas, Fayette, Geneva, Jackson, Jefferson, Lamar, Lauderdale, Madison, Marengo, Marion, Marshall, Mobile, Montgomery, Perry, Pike, Randolph, Russell, St. Clair, Sumter, Talladega, Tallapoosa, Tuscaloosa, Winston. Thirty-six societies.

No objection being made to the correctness of this schedule, the president ordered these thirty-six societies to be passed as clear of the books.

(2.) *Societies Partially Delinquent.*

Autauga, delinquent in report.
Baldwin, delinquent in delegates and dues.
Blount, delinquent in dues.
Chilton, delinquent in delegates and report.
Choctaw, delinquent in delegates and dues.
Clay, delinquent in delegates and dues.
Coffee, delinquent in delegates.
Colbert, delinquent in delegates.
Conecuh, delinquent in delegates and dues.
Coosa, delinquent in dues.
Crenshaw, delinquent in report.

Dale, delinquent in delegates.
DeKalb, delinquent in dues.
Franklin, delinquent in delegates.
Greene, delinquent in dues.
Hale, delinquent in delegates.
Henry, delinquent in dues.
Lawrence, delinquent in dues.
Limestone, delinquent in delegates and dues.
Lowndes, delinquent in dues.
Macon, delinquent in delegates.
Monroe, delinquent in delegates and dues.
Pickens, delinquent in delegates and dues.
Shelby, delinquent in dues.
Walker, delinquent in dues and report.
Washington, delinquent in dues. Twenty-six societies.

No objection being made to this schedule, the president ordered these twenty-six societies to be passed, with the understanding that the secretary and the treasurer would look after the missing reports and dues.

(3.) *Delinquent Societies.*

That is to say, societies delinquent in all their constitutional obligations—delegates, dues, and reports:

Covington, Lee, Morgan, Wilcox. Four societies.

No objection being made to the correctness of this schedule, the president ordered these four societies to be referred to the board of censors for investigation.

The revision of the first roll, the roll of the county societies, was here ended, the said roll to stand closed until the next annual session of the Association.

THE SECOND ROLL—THE REVISION OF THE ROLL OF THE COLLEGE OF COUNSELLORS.

The Committee on the Revision of the Rolls reported the seven schedules of the counsellors as follows:

(1.) *Counsellors Clear of the Books.*

Grand Seniors.—Baldwin, Benjamin James; Bragg, Shirley; Brockway, Dudley Samuel; Cason, Davis Elmore;

Fletcher, Richard Matthew, Sr.; Franklin, Charles Higgs; Gaines, Vivian Pendleton; Goggins, James Adrian; Goodwin, Joseph Anderson; Hayes, Robert Hughes; Huggins, Jacob; Inge, Henry Tutwiler; Jay, Andrew; Jones, Capers Capehart; Kendrick, Joel Cloud; Lowry, Samuel Hickman; Nolen, Abner Jackson; Redden, Robert James; Robertson, Thaddeus Lindlay; Sanders, William Henry; Searcy, James Thomas; Sholl, Edward Henry; Sledge, William Henry; Stovall, Andrew McAdams; Thetford, William Fletcher; Thomas, James Grey; Trent, Powhatan Green; Whaley, Lewis; Wilkerson, Wooten Moore; Wilkinson, James Anthony. Total, 30.

Seniors.—Blake, Wyatt Heflin; Coley, Andrew Jackson; Deweese, Thomas Peters; Duggar, Reuben Henry; Goode, Rhett; Harlan, John Jefferson; Heacock, Jonn William; Hill, Luther Leonidas; LeGrand, John Clark; Maréchal, Edwin Leslie; Wheeler, William Camp; Whitfield, Bryan Watkins; Wilkerson, Charles A.; Wilkinson, John Edward; Robinson, Christopher Americus. Total, 15.

Juniors.—Andrews, Glenn; Bell, Walter Howard; Bondurant, Eugene DuBose; Brown, George Summers; Cameron, Matthew Bunyan; Carson, Shelby Chadwick; Cunningham, Russell McWhorter; Davis, William Elias Brownlee; Desprez, Louis Willoughby; Frazer, Tucker Henderson; Gay, Samuel Gilbert; Hamilton, William Thomas; Harrison, William Groce; Harper, Robert Franklin; Heflin, Wyatt; Hill, George Armstrong; Howle, James Augustus; Hunter, Henry Mitchell; Johnston, Louis William; Jones, Julius; King, Goldsby; McCants, Robert Beall; McWhorter, Horace Puckett; McWhorter, George Tilghman; McLaughlin, James Madison; Moody, Fleming Isaac; Moody, Henry Altamont; Moon, William Henry; Murray, Michael William; Parke, Thomas Duke; Perry, Henry Gaither; Quin, William Everett; Riggs, Edward Powell; Robinson, Thomas Franklin; Sutton, Robert Lee; Swann, Joseph Charles; Waller, George Platt; Watkins, Isaac LaFayette; Whitfield, James Bryan; Williams, John Harford. Total, 40.

No objection being made to the correctness of this sched-

ule, the president ordered that the counsellors, eighty-five in number, whose names had been read, should be duly passed as clear of the books.

(2.) *Delinquent Counsellors.*

Counsellors Delinquent in Dues.

Moody, Joseph, Franconia, Grand Senior, 1882.
Curtis, Alonzo Bittle, Lower Peach Tree, Elect, 1897.
Harmer, Joseph Randolph, Opelika, Elect, 1897.
Johnson, Marquis LaFayette, Cullman, Elect, 2897.
Total, 4.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, four in number, whose names had been read as delinquents, should be stricken from the roll of the college of counsellors, and that of this action they should be duly notified by the secretary.

(3.) *Miscellaneous Counsellors.*

Died During the Year:
Johnston, William Henry, Birmingham, G. S. L. C., 1875.
Seelye, Samuel Dibble, Montgomery, G. S. L. C., 1875.
Peterson, Francis Marion, Greensboro, G. S. C., 1880.
Whelan, Charles, Birmingham, G. S. C., 1885.
Jordan, James Reid, Montgomery, S. C., 1892.
Toole, Barckley Wallace, Talladega, S. C., 1889.
McLain, David Hubbard, Gurley, J. C., 1894.
Total, 7.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that these names be stricken from the roll of the college of counsellors.

(4.) *Grand Senior Counsellors of Ten Years Standing.*

Sanders, William Henry, Mobile.—Total, 1.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellor whose name had been read as having served ten consecutive years as grand senior counsellor should be

transferred to the roll of grand senior life counsellors, and that of this transfer he should be duly notified by the secretary.

(5.) *Senior Counsellors of Five Years Standing.*

Harlan, John Jefferson, Hackneyville.
Hill, Luther Leonidas, Montgomery.
Wheeler, William Camp, Huntsville.
Total, 3.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, three in number, whose names had been read as having served for five consecutive years as senior counsellors, should be transferred to the roll of grand senior counsellors, and that of this transfer they should be duly notified by the secretary.

(6.) *Junior Counsellors of Five Years Standing.*

Andrews, Glenn, Montgomery.
Cameron, Matthew Bunyan, Sumterville.
Carson, Shelby Chadwick, Bessemer.
Cunningham, Russell WcWhorter, Birmingham.
Gay, Samuel Gilbert, Selma.
Heflin, Wyatt, Birmingham.
Hunter, Henry Mitchell, Union Springs.
King, Goldsby, Selma.
McCants, Robert Beall, Faunsdale.
Moon, William Henry, Goodwater.
Parke, Thomas Duke, Birmingham.
Watkins, Isaac LaFayette, Montgomery.
Total, 12.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors, twelve in number, whose names had been read as having served for five consecutive years as junior counsellors, should be transferred to the roll of senior counsellors, and that of this transfer they should be duly notified by the secretary.

(7.) *Counsellors Elect.*

Brannon, Henry Lee, Eufaula, Barbour county.
Dixon, John, Fayetteville, Talladega county.
Goodman, Duke William, Mobile, Mobile county.
Graham, William Alexander, Fayette, Fayette county.
Jones, Edward Spears, Gadsden, Etowah county.
McEachern, John Adolphus, Brundidge, Pike county.
Wyman, Benjamin Leon, Birmingham, Jefferson county.
Total, 7.

No objection being made to the correctness of this schedule, the president, under the rules, ordered that the counsellors elect, seven in number, whose names had been read as having signed the counsellor's pledge and paid their dues, be transferred to the roll of the junior counsellors, and that of this transfer they should be duly notified by the secretary.

The revision of the second roll, the roll of the college of counsellors, was here ended, the said roll to stand closed until the next annual session of the Association.

The Election of Counsellors.

The Committee on the Revision of the Rolls reported that there were eight vacancies in the college of counsellors, whereupon the president ordered that a ballot be taken, which resulted in the election of the gentlemen whose names are appended.

Hill, Robert Sommerville, Montgomery.
Pearson, Benjamin Rush, Montgomery.
Bennett, Benjamin Franklin, Clayton.
Sims, Albert Gallatin, Renfroe.
Harlan, Aaron LaFayette, Alexander City.
McCain, William Jasper, Livingston.
Dryer, Thomas Edmund, Huntsville.
Henley, Albert Thomas, Birmingham.

THE THIRD ROLL—THE REVISION OF THE ROLL OF THE CORRESPONDENTS.

The Committee on the Revision of the Rolls reported that the Board of Censors had made no recommendation for any change in the roll of the correspondents.

The revision of the third roll, the roll of the correspondents, was here ended, the said roll to stand closed until the next annual session of the Association.

THE FOURTH ROLL—THE REVISION OF THE ROLL OF THE OFFICERS.

The Committee on the Revision of the Rolls reported the following vacancies in the roll of the officers:

One president for one year.

One vice-president for the northern division for two years.

One vice-president for the southern division for one year.

One secretary for five years.

One treasurer for five years.

Two censors for five years, to fill vacancies caused by the expiration of the terms of Dr. J. P. Furniss and Dr. J. T. Searcy.

One censor for two years, to fill the unexpired term of Dr. Charles Whelan.

One censor for four years, to fill the unexpired term of Dr. S. D. Seelye.

One orator.

One alternate orator.

In accordance with the recommendation of the board of censors, the president appointed the following committee to act as tellers, take up the ballot, count it, and announce the result:

Dr. J. T. Searcy, of Tuscaloosa.

Dr. J. A. Howle, of Wetumpka.

Dr. S. S. Tam, of Mobile.

The result of the ballot was the election of the following officers:

President—Dr. H. A. Moody, Bailey Springs.
Senior Vice-President—Dr. S. G. Gay, Selma.
Junior Vice-President—Dr. S. H. Lowry, Huntsville.
Secretary—Dr. G. P. Waller, Montgomery.
Treasurer—Dr. H. G. Perry, Greenville.
Censors for five years—Dr. J. P. Furniss, Selma; Dr. J. T. Searcy, Tuscaloosa.
Censor for two years—Dr. T. L. Robertson, Birmingham.
Censor for four years—Dr. E. L. Marêchal, Mobile.
Orator—Dr. G. C. Chapman, Birmingham.
Alternate Orator—Dr. D. L. Wilkerson, Montevallo.

The revision of the fourth roll, the roll of the officers, was here ended, the said roll to stand closed until the next annual session of the Association.

THE PRESIDENT'S ACCEPTANCE OF OFFICE.

Gentlemen of the Medical Asssociation
of the State of Alabama:

You have been detained here so many hours without food or rest that I will not consume much of your time with words of thanks. Sometimes there comes to a man an hour when speech is inadequate to express his emotions. Such an hour has come to me.

When, in 1865, I went to my desolate home, a ragged Confederate soldier, without money and with scarce a place to lay my head, I little dreamed the day would come when my professional brethren would place in my keeping the escutcheon that represents their honor and their glory. Please God no stain shall come upon it while it is in my charge, if effort and devotion can prevent it. In thanking you for this high honor I promise you my utmost efforts to conserve the interests and maintain the dignity of our Association. Gentlemen I thank you.

Dr. T. D. Parke, of Birmingham, offered the following resolution, which was adopted:

Be it ordained, That the Board of Censors make report on Wednesday, Thursday and Friday mornings first order at each annual meeting of the Medical Association of the State of Alabama, of such mat-

ters as they may have considered and decided to report upon and that the final vote of the Association upon these recommendations be had on Friday in the regular order of the day.

Dr. R. M. Cunningham offered the following resolutions which were adopted:

Resolved, That it is the sense of the Medical Association of the State of Alabama, that the permanent members of the Association should be increased.

Resolved, That the Board of Censors are hereby directed to memorialize the General Assembly of Alabama at its next sitting to amend the charter of this Association, providing for said increase in permanent members, in such way and manner and number as the Association may from time to time determine.

Dr. R. M. Fletcher, Jr., of Huntsville, offered the following vote of thanks which was unanimously adopted:

Resolved, That the thanks of this Association are hereby tendered to the Jefferson County Medical Society for their thoughtful and efficient preparations for our comfort and convenience; to the citizens of Birmingham for their bountiful hospitality; to the railroads and hotels for their accommodations; and to the press of the city for its courteous notices.

Dr. Glenn Andrews, of Montgomery, offered the following resolutions, which were adopted:

Resolved, That it is the sense of this Association, that the membership of the College of Counsellors should be distributed equally throughout the several districts of the State according to the membership of the different societies. And in order that such counsellors shall represent the will of those who constitute the membership of these societies, it is hereby ordained that the counsellors and delegates in attendance at the meeting of the Association from each congressional district shall suggest to the Association the name or names of those whom they prefer to fill such vacancies as may occur in their district.

Dr. C. A. Robinson, of Huntsville, tendered his resignation as counsellor. Resignation accepted.

Mobile was selected as the next place of meeting.

At 5 p. m. the Association adjourned *sine die*.

THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

☞ INTRODUCTION.—OF LEGAL IMPORTANCE TO EVERY PHYSICIAN IN THE STATE OF ALABAMA.

Owing to the legal relations which *each* member of *each* county medical society bears to the STATE OF ALABAMA (which relations are set forth in the Code of the State), it is *absolutely necessary* that the presidents, secretaries, treasurers, members of the boards of censors, and each individual member of the societies, should see that the roster of their society is sent to me in accordance with the specific instructions, which are printed on the blanks sent to the secretary of each society, each year.

Unless these instructions are properly complied with the derelict officers are liable to fines, which would be an unfortunate thing to face. It is, therefore, urged upon the officers of each county medical society to see that the reports be, in future, properly filled out *strictly* in accordance with the printed instructions on the blank. It is advised that the secretaries compare their reports for the current year with the report, as sent in for the previous year and that *all* changes be carefully made.

A strict compliance with the instructions printed on the report blank will avoid all difficulties.

Explanation.—The letters "mc" stand for medical college"; the letters "cb" for "county board"; when the certificate is issued by the examining board of the county in the register of which it occurs, the name of the county is omitted; when the certificate was issued by the examining board of some other county, the name of such county succeeds the abbreviation. The first name of every board of censors is that of the president of the board. The letters "ng" stand for "non-graduate." "Diploma recorded" applies to a small number of doctors, who are exempt from criminal prosecution, but who are illegal doctors.

THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1898.

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*AUTAUGA COUNTY MEDICAL SOCIETY—Selma, 1874.

OFFICERS.

President, J. E. Wilkinson; Vice-President. M. D. Smith; Secretary, C. Rice; Treasurer, C. Rice; Health Officer, R. M. Davis. Censors—M. D. Smith, R. M. Davis, J. E. Wilkinson, C. Rice, G. A. Dennis.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Davis, John William, mc Atlanta 59, cb 80, Prattville.
Davis, Robert Merritte, mc univ Tulane 95, cb 95, Prattville.
Dennis, George A., mc Atlanta 93, cb 93, Huckabee.
Edwards, Charles Alva, mc Memphis 49, cb 80, Prattville.
Gibson, William Beatty, mc Bellevue 89, state board 92, Autaugaville.
Golson, Wyatt Washington, mc South Carolina 54, cb 84, Autaugaville.
Huddleston, Robert Lee, mc Atlanta 80, cb 92, Wadsworth.
Rice, Clarence, mc Mobile 95, cb 95, Prattville.
Smith, Malcolm Daniel, mc univ New York 91, cb Coosa 91, Prattville.
Wilkinson, John Edward, mc univ Tulane 68, cb 80, Prattville.
Total, 12.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Sherrell, James Lewis, mc univ Pennsylvania 60, cb 80, Prattville.
Golson, Robert Morrison, mc univ Tennessee —, cb 94, Prattville.
Total, 2.

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* NOTE.—As no report has been received from Autauga county this year, the report of 1897 is here reproduced.

BALDWIN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, V. McR. Schowalter; Vice-President, C. E. Howe; Secretary, W. M. Lovelady; Treasurer, Sibley Holmes; Health Officer, W. M. Lovelady. Censors—P. M. Hodgson, W. M. Lovelady, V. McR. Schowalter, M. Coghlan, Sibley Holmes.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Coghlan, Malachy, mc Alabama 92, cb 92, Tensaw.
Hodgson, Phillip Melancthon, mc Alabama 88, cb 88, Stockton.
Howe, Charles Lester, mc s of m Kentucky 93, cb 93, Marlow.

Holmes, Sibley, mc Alabama 96, cb 96, Tensaw.
Lovelady, William Marshall,———, cb 82, Bon Secour.
Schowalter, Volney McReynolds, mc Alabama 90, cb 90, Point Clear.
Tramwell, Joseph D., mc univ Nashville 57, cb 89, Bay Minette.
Total, 7.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

G. L. Lambert, Bay Minette.
Total, 1.

BARBOUR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, W. P. Copeland; Vice-President, B. S. Warren; Secretary, H. L. Brannon; Treasurer, W. G. Lewis; Health Officer, W. A. Smart. Censors—H. L. Brannon, W. P. Copeland, B. S. Warren, J. K. Battle, C. L. Guice.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Battle, Joseph Thomas, mc Georgia 67, cb 87, Hawkinsville.
Battle, Julius Kinkade, mc univ Louisiana 83, cb 83, Eufaula.
Bennett, Benjamin Franklin, mc Alabama 93, cb 93, Clayton.
Bradley, Henry Reynolds, mc Alabama 96, cb 96, Mt. Andrew.
Brannon, Henry Lee, mc univ Vanderbilt 85, cb 85, Eufaula.
Copeland, William Preston, mc Bellevue 70, cb 79, Eufaula.
Davie, Judson, mc Georgia 72, cb 81, Cowikee.
Ellis, James Lewis, mc Memphis Hospital 87, cb Dale 87, Louisville.
Guice, Charles Lee, mc Chattanooga 93, cb Dale 93, Harris.
Harrison, William Henry, mc Chattanooga 93, cb 93, Baker Hill.
Huey, George Washington, mc Alabama 91, cb Dale 87, Baker Hill.
Jones, Washington LaFayette, mc univ Louisville 75, cb Dale 87, Eufaula.
Lewis, William Gabriel, mc Atlanta 84, cb Henry 84, Eufaula.
Mitchell, William Augustus, mc univ Louisiana 68, cb 79, Eufaula.
Patterson, Thomas, mc Atlanta 69, cb 82, Louisville.
Robertson, William Henry, mc Alabama 87, cb 87, Clayton.
Smart, William Alexander, mc Louisville 83, cb Coffee 83, Clayton.
Wallace, George Oscar, mc Alabama 91, cb 91, Clio.
Warren, Benjamin Stewart, mc univ Tulane 91, cb 91, Clayton.
Weeden, Hamilton Moore, Sr, mc Albany, N. Y., 55, cb 79, Eufaula.
Winn, James Julius, mc Atlanta 68, cb 81, Clayton.
Total, 21.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bloodworth, Frances Henry, mc Jefferson 92, cb 97, Eufaula.
Borders, James Thomas, mc Atlanta Southern 85, cb 85, Louisville.
Davie, Meigs, ng, State Board 97, Cowikee.

Faulk, Daniel Winston, ng, cb 84, Clio.
Gilbert, Andrew Jackson, mc Atlanta 89, cb Russell 89, Eufaula.
Goodwin, Albert, mc Louisville 73, cb 79, Eufaula.
Herron, Darrell Jefferson, mc Atlanta 83, cb 83, Louisville.
Lingo, James Henry, ng, State Board 97, Alston.
Mitchell, Thomas Snead, mc Atlanta 66. cb Lee 89, Eufaula.
Turner, Alexander, mc South Carolina 57, cb 79, White Oak.
Total, 10.

Moved into the county—Meigs Davie, from Elmore county to Cowikee; Judson Davie, from Speigner, Elmore county, to Cowikee; Andrew Jackson Gilbert, from Jernigan, Russell county, to Eufaula. Hamilton Moore Weeden, Sr., has resumed practice of medicine.

Moved out of the county—William Mark Faulk, from Clio to Tuscaloosa; Walter Augustus Lewis, from Cowikee to Enterprise, Coffee county.

Examinations—For study of medicine—B. C. Capel, certificate granted. For practice—William Mark Faulk, mc Alabama 97, certificate granted; Walter Augustus Lewis, mc univ Tulane 97, certificate granted; James A. McInnis, mc Memphis Hospital 96, certificate refused; J. A. Culpepper, mc Atlanta 87, certificate refused.

Deaths—John Wallace Drewry, mc Jefferson 49, cb 81, Eufaula.

BIBB COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, J. U. Ray, Jr.; Vice-President, M. C. Schoolar; Secretary, A. E. Meadow; Treasurer, J. F. Curtis; Health Officer, J. U. Ray, Jr. Censors—T. E. Schoolar, J. U. Ray, Jr., A. E. Meadow, J. S. Moore, B. F. Jones.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Campbell, Charles Monroe, mc univ Tennessee 94, cb 94, Scottsville.
Curtis, Joseph Franklin, mc Alabama 93, cb Shelby 93, Blocton.
Jones, Benjamin Franklin, mc Miami 84, cb Jefferson 84, Hargrove.
Krout, Charles Franklin, mc Alabama 95, cb 95, Pondville.
Meadow, Albert Eli, mc Pulte 83, cb Jefferson 83, Blocton.
Moore, James Samuel, mc phy and surg Baltimore 93, cb Jefferson 93, Six Mile.
Moseley, David Orion, mc Washington 72, cb Perry 78, Harrisburg.
Nicholson, William John, mc Vanderbilt 84, cb 86, Centreville.
Peacock, Edward Lovick, mc Alabama 92, cb Marengo 92, Blocton.
Ray, Jacob Usry, Jr., mc Tennessee 93, cb 93, Blocton.
Schoolar, Milton Carson, mc Alabama 87, cb 87, Centreville.
Schoolar, Thornly Edward, mc Vanderbilt 92, cb 92, Centreville.
Trigg, Allen Warren, mc Alabama 81, Tuscaloosa 81, Blocton.

Whitfield, Oscar, mc Tennessee s of m 80, cb 80, Brierfield.
Woolley, Charles Lewis, old law 69, cb Perry 79, Randolph.
Total, 15.

Honorary Member.

Williams, James Melford, mc Georgia 89, cb 79, Blocton.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Miller, J. T., mc Vanberbilt 86, cb Pickens 86, Lopez.
Ray, Jacob Usry, Sr., old law 59, cb Tuscaloosa 82, Woodstock.
Sellers, Edward M., mc Alabama 97, cb Bibb 97, Randolph.
Stewart, Thomas Jefferson, mc Alabama 91, cb Bibb 91, Abercrombie.
Total, 4.

Moved into the county—Moseley, D. O., Perryville to Harrisburg; Stewart, T. J., Jericho to Abercrombie; Miller, J. T., Bessemer to Lopez.

Moved out of the county—H. B Hendrix, Lopez to Tennessee; E. B. Hardin, Lopez to Dolomite; T. F. Robinson, Blocton to Bessemer; T. C. Hicks, Blocton to Birmingham.

Examinations—Thomas Cecil Hicks, mc Hahnemann 95, certificate granted, Birmingham; Edward M. Sellers, mc Alabama 97, certificate granted, Randolph.

*BLOUNT COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, F. N. Hudson; Vice-President, P. M. Baker; Secretary, F. A. Gillespie; Treasurer, F. A. Gillespie; Health Officer, F. N. Hudson. Censors—F. N. Hudson, G. W. Self, W. T. Bains, J. L. Rains, F. A. Gillespie.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bains, William Thomas, mc univ Vanderbilt 88, cb 88, Cleveland.
Baker, Peter Matthews, mc Atlanta Southern 92, cb 92, Snead.
Clapp, William King, old law, ng, Gum Springs.
Cox, E. S. W., mc univ Tennessee 93, cb 93, Bangor.
Finley, William McLaughlin, mc univ Vanderbilt 79, cb 84, Blountsville.
Gillespie, Felix Augustus, mc Alabama 89, cb 89, Hanceville.
Hudson, Frank Norton, mc univ Vanderbilt 74, cb 76, Blountsville.
Mitchell, Henry Eugene, mc univ Vanderbilt 93, cb 93, Oneonta.
Moore, David Sanders, mc Atlanta 80, cb 80, Clarence.
Rains, John Leonidas, mc univ Vanderbilt 91, cb Marshall 91, Liberty.
Self, George Washington, mc univ Tennessee 89, cb 89, Selfville.
Total, 11.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allgood, William Benton, mc Atlanta Southern 78, cb 78, Chepultepec.
Aldridge, Patrick George, mc Atlanta 76, cb 79, Brooksville.
Armstrong, Jesse Isham, mc Chattanooga 93, cb 93, Blount Springs.
Davidson, Alvin Steel, ng, cb 71, Selfville.
Donahoo, Floyd George, mc Atlanta Southern 81, cb —, Oneonta.
Haden, Andrew Wade, mc univ Vanderbilt 82, cb 82, Summit.
Haden, Henry Hughes, mc univ Vanderbilt 86, cb 86, Summit.
Harwell, James Thomas, mc Atlanta Southern 88, cb Cullman 87, Compton.
Hinds, W. T., mc ——, Summit.
Martin, Henry B., mc Atlanta Southern 88, cb 88, Arkadelphia.
McPherson, George Willis, mc univ Tennessee 87, cb Cullman 87, Country.
Roseman, William Lucius, mc s of m Kentucky 92, cb Walker 93, Arkadelphia.
Whaley, Peter, old law, ng, cb 77, Hanceville.
Total, 13.

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*NOTE.—As no report has been received from Blount county this year, the report for 1897 is here reproduced.

BULLOCK COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, R. H. Hayes; Vice-President, B. F. Darnell; Secretary, Seale Harris; Treasurer, H. M. Hunter; Health Officer, Seale Harris; Censors—C. H. Franklin, Seale Harris, R. H. Hayes, N. M. Bledsoe, G. Caldwell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bledsoe, Nathaniel Macon, mc univ Nashville 57, cb 80 Union Springs.
Butt, Richard Lemuel, mc univ New York 46, cb 80, Midway.
Caldwell, Groves, mc univ Pennsylvania 45, cb 80 James.
Cowan, Samuel Colvin, mc Alabama 89, cb 89, Union Springs.
Crymes, Augustus Clayton, mc Jefferson 56, cb 80, Midway.
Darnell, Benjamin Franklin, mc Atlanta 55, cb 83, Fitzpatrick.
Eidson, James Thomas, mc Alabama 94, cb 94, Fitzpatrick.
Franklin, Charles Higgs, mc univ Louisiana 66, cb 80, Union Springs.
Harris, Seale, mc univ Virginia 94, cb 94, Union Springs.
Harris, Thomas Peyton, mc univ Vanderbilt 94, cb 94, Inverness.
Hayes, Robert Hughes, mc St Louis 79, cb 80, Union Springs.
Hunter, Henry Mitchell, mc phy and surg Baltimore 86, cb Barbour 87, Union Springs.
Pruett, James Henry, mc univ New York 58, cb Barbour 87, Midway.
Reynolds, William Henderson, mc Alabama 85, cb 85, Union Springs.

Sessions, Llewellen, mc Georgia 48, cb 87, Union Springs.
Thomason, William Bartlett, mc Georgia 54, cb 80, Aberfoil.
Walker, William Austin, mc Jefferson 54, cb 80, Perote.
Total 17.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

None.

Moved into the county—J. W. Bersery.

Moved out of the county—E. D. Grimes, from Fitzpatrick to Barachias, Montgomery county; J. W. Robertson, from Perote to Brundidge.

Examinations—James H. Bickerstaff, mc phys and sur Baltimore. Certificate granted.

Deaths—C. B. Leitner, mc univ Maryland 47, cb Russell 85, Flora. Died of cancer of stomach; W. S. Swanson, mc Atlanta 57, cb 80, Union Springs. Died of heart disease; J. O. Zeigler, mc Atlanta (one course) 80, cb 80, Perote. Died of paralysis.

BUTLER COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, H. G. Perry; Vice-President, R. E. Smith; Secretary, H. Green; Treasurer, H. Green; Health Officer, J. C. Kendrick. Censors—H. G. Perry, W. H. Reynolds, H. Green, W. W. Mangum, E. G. Donald.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Allman, James Edward, mc Savannah 69, cb 79, Georgiana.
Broughton, John Thomas, mc univ Pennsylvania 52, cb 79, Greenville.
Brown, William Abner, mc St Louis 84; Tuscaloosa 80, Garland.
Donald, Erskine Grier, mc Alabama 93, cb 93, Monterey.
Garrett, James Jefferson, mc Geogia Reform 82, cb 82, Forest Home.
Green, Henry, mc Alabama 92, Conecuh 92, Bolling.
Grissett, William Paners, mc Alabama 72, Monroe 84, Garland.
Heartsill, Charles Edwin, mc univ Tulane 93, cb—Manningham.
Kendrick, Joel Cloud, mc univ Nashville 52, cb 78, Greenville.
Kendrick, John Aaron, mc univ Tulane 94, cb 94, Greenville.
Mangum, William Weightman, mc Atlanta 93, cb 93, Georgiana.
McCane, James Jordan, mc univ Tulane 82, cb 82, Glasgow.
Morris, William Eli, mc Alabama 97, Conecuh 97, Shell.
Perdue, James Lewis, mc Alabama 75, cb 79, Greenville.
Perry, Henry Gaither, mc Georgia Reform 88, cb 88, Greenville.
Reynolds, Willam Hance, mc Alabama 93, cb 93, Runville.
Saunders, Herbert Frank, mc univ Tulane 96, cb 96, Greenville.
Smith, Robert Edward, mc Alabama 82, cb 83, Greenville.

Stallings, Thomas D , mc Alabama 89, cb Lowndes 89, Manningham.
Thagard, Robert Albert, mc univ Tulane 97, cb 97, Greenville.
Wall, Conrad, mc univ Nashville 59, cb 79, Forest Home.
Total 21.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Harrison, Joseph, mc South Carolina 52, cb 84, Greenville.

Moved into the county—Charles E. Heartsill, from Marshall, Texas, to Manningham; William Eli Morris, from Conecuh county, to Shell.

Moved out of the county—W. R. Smith, from Oaky Streak, to Searight, Crenshaw county; Robert H. Stanley, from Greenville, to Augusta, Ga.; H. E. Scott, from Georgiana, to Prattville; D. L. Wilkinson, from Bolling, to Montevallo; T. C. Donald, from Monterey, to Wilcox county; Conrad Wall, Jr., from Forest Home, to Fort Deposit; J. S. Pitts, from Searcy, to Chilton county.

Examinations—Robert Albert Thagard. Certificate granted. T. Claude Donald. Certificate granted. Conrad Wall, Jr. Certificate granted.

CALHOUN COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, R. P. Huger; Vice-President, W. A. Smith; Secretary, W. H. Bell; Treasurer, E. C. Anderson; Health Officer, W. B. Arbery. Censors—J. M. Whiteside, W. B. Arbery, W. H. Kinnebrew, R. L. Bowcock, W. H. Bell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Anderson, Edmonds Clack, mc s of m Kentucky 77, cb 85, Anniston.
Arbery, William Buchanan, mc univ Vanderbilt 82, cb Macon 82, Jacksonville.
Ayers, Thomas Wilborn, mc phy and surg Baltimore 86, cb 86, Anniston.
Bell, Walter Howard, mc Atlanta 88, cb 88, Oxford.
Bell, Alse Wilson, mc Alabama 97, cb Shelby 97, Weavers.
Bowcock, Robert Lee, mc univ Virginia 86, cb 88, Anniston
Brock, Jefferson C., mc univ Vanderbilt 84, Randolph 84, Anniston.
Brothers, Phillip Houston, ng old law 41, cb 86, Zula.
Davis, John Francis Marion, mc Atlanta 60, cb 80, Choccolocco.
Douthit, Andrew Jackson, ng, old law—, cb 81, Alexandria.
Gordon, Frederick Elliott, mc Alabama 82, Marengo 82, Anniston.
Greene, A. A., mc univ Vanderbilt 91, Chilton 91, Anniston.
Huger, Richard Proctor, mc South Carolina 71, cb 81, Anniston.
Hughes, Robert Lee, mc Atlanta 92, cb Cherokee 92, Choccolocco.
Kelly, John Baker, mc Jefferson 59, cb Coosa 84, Anniston.

Kinnebrew, William Henry, mc univ New York 78, cb 83, Piedmont.
Ligon, Arthur Wellington, mc univ Vanderbilt 83, cb Cleburne 84, Oxford.
Matthews, George Andrew, mc univ Michigan 66, cb 90, Anniston.
Smith, William Armistead, mc Alabama 81, cb Monroe 81, Anniston.
Walker, James Fleming, mc univ Louisville 92, cb 92, Anniston.
Warren, William James, mc Atlanta 89, cb Tallapoosa 89, Anniston.
Whiteside, John McIntyre, mc univ Vanderbilt 84, cb 84, Oxford.
Williams, Benj Dudley, mc univ Louisville 81, cb 83, Oxford.
Total 23.

Honorary Members.

Bowling, William Ellsberry, ng, cb 81, Iron City.
Robertson, Thaddeus Lindley, mc Jefferson 61, cb 81, Birmingham.
Williams, Genaboth Coke, ng, cb 81, White Plains.
Wikle, Jesse Lane, (Druggist), mc Georgia 79, cb 81, Anniston.
Total 4.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Buckalew, Frederick Woodhull, mc univ Grant 93, cb 95, DeArmanville.
Bullard, Aurelius Francis, ng, cb 81, Oxford.
Chapman, George Lyman, mc Atlanta 97, cb 98, Alexandria.
Hughes, John Leander, mc Georgia 51, cb 83, Piedmont.
Linder, Philip Pleasant, ng, cb 81, Jacksonville.
Little, William Worth, univ Vanderbilt 82, cb 82, Piedmont.
McCurry, Samuel Josephus, mc Atlanta 80, cb Cherokee 81, Anniston.
Sanders, Andrew J., —— cb Chambers 94, Ohatchee.
Simpson, John Lee, mc Atlanta 80, Coosa 83, Anniston.
Teague, Francis Bowden, mc univ Tennessee 80, cb Etowah 80, Piedmont
Thomas, Charles Edward, (col.) mc Long Island Hospital 90, cb 90, Anniston.
Vann, P. D., mc Alabama 96, cb DeKalb 96, Anniston.
Williamson, Thomas, ng, cb 84, Peeks Hill.
Total 13.

Moved into the county—A. W. Bell, from Shelby county, to Weavers; George L Chapman, from Georgia, to Alexandria; Dr. J. C. Brock, from Georgia, to Anniston; Dr. A. A. Greene, from Talladega, to Anniston.

Moved out of the county—Dr. C. Freeman, from Oxford, to Texas; Dr. J. C. LeGrand, from Anniston, to Birmingham; Dr. H. L. Ison, from Weavers, to Center Cherokee; Dr. Thomas A. Davis, from Anniston to ——

Examinations—Dr B. H. Brock, Southern Medical College 94, Certificate refused. Dr. G. L. Chapman, Atlanta Medical College 97, certificate granted.

CHAMBERS COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, B. F. Rea, Jr.; Vice-President, Z. T. Grady; Secretary, W. D. Gaines; Treasurer, W. D. Gaines. Censors—W. D. Gaines, W. H. Hudson, W. J. Love, T. H. Bonner, B. F. Rea, Jr.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bonner, Thomas Hamilton, mc Atlanta Southern 84, cb Randolph 84, Hickory Flat.
Gaines, William D., mc Alabama 92, cb 92, LaFayette.
Grady, Zachary Taylor, mc Atlanta 80, cb 81, LaFayette.
Finley, Emmett M., mc Southern 96, cb 96, Finley.
Hilt, John Leonard, mc Southern 89, cb Jefferson 89, Five Points.
Hudson, William Henry, mc Atlanta 86, cb 86, LaFayette.
Ison, Josiah Allen, mc Southern 87, cb Tallapoosa 87, Wise.
Love, William Joseph, mc Atlanta 82, cb Lee 85, LaFayette.
Meadors, William Jehu, mc Alabama 94, cb 94, Langdale.
Rea, Benjamin Franklin, Jr., mc Alabama 85, cb 85, West Point.
Rutland, John Blake, mc Atlanta 80, cb 82, Fredonia.
Thompson, James F., mc univ Georgia —, cb 98, Langdale.
Ward, William Solomon, mc Southern 90, cb 95, Cusseta.
Total, 13.

Honorary Members.

Griggs, Asa Wesley, mc univ Nashville 55, cb 82, West Point.
Rea, Benjamin Franklin, Sr., mc Jefferson 42, cb 82, LaFayette.
Smith, Lawrence, mc George 52, cb 82, Cusseta.
Total, 3.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carmichael, Lawrence Green, mc Graffenburg 57, cb 82, Penton.
Coleman, Hiram F., mc Southern —, cb —, Stroud.
Chambers, ———, mc ——— —, cb 96, Langdale.
Davis, James Lawson, mc Alabama —, cb 82, LaFayette.
DeVaughan, John Wesley, mc univ Nashville 83, cb 83, Mill Town.
Grady, J. Lorenzo, mc Atlanta 95, cb 95, Fredonia.
Hamner, Lovic Pierce, mc ——— —, cb Randolph 82, Five Points.
Hodges, Wyatt T., mc Alabama 92, cb 97, River View.
Millford, H. A., mc ——— —, cb Lee —, Five Points.
Pattillo, ———, mc ——— —, cb 96, Langdale.
Weldon, Robert L., mc Georgia Electic 92 (illegal), cb —, Langdale.
Total, 11.

Moved into the county—William M. Gay, from Opelika, to Mill Town.

Moved out of the county—John H. Bledsoe, from Oak Bowery, to Autauga county.

Examinations—John P. Liles.

CHEROKEE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, H. L. Ison; Vice-President, H. L. Appleton; Secretary, R. L. McWhorter; Treasurer, A. C. Shamblin; Health Officer, R. L. McWhorter. Censors—H. L. Appleton, H. L. Ison, S. C. Tatum, A. C. Shamblin, R. L. McWhorter.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Appleton, Hugh Lowndes, mc univ Vanderbilt 92, cb 92, Cedar Bluff.
Ison, Hartsford Lee, mc Atlanta 92, cb Tallapoosa 91, Center.
McWhorter, Robert Lee, mc Alabama 87, cb 87, Gaylesville.
Shamblin, Arthur C., mc Chattanooga 91, cb 94, Broomtown.
Tatum, Samuel Carter, mc univ Vanderbilt 93, cb 93, Center.
Total, 5.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bomar, Richard Ritter, mc Atlanta Southern 85, cb 87, Bomar.
Crumpton, W. H., ———, Alexis.
Cook, Edward Augustus, mc univ Vanderbilt 84, cb 84, Kirks Grove.
Darnell, William Clement, mc univ Vanderbilt 90, cb 90, Center.
Elliott, Theodoric Miles, mc s of m Kentucky 76, cb 87, Grassland.
Farill, John Paul, mc Atlanta 81, cb 87, Farill.
Farill, John Washington, ng, cb 87, Farill.
Jones, H. S., mc ——, cb ——, Moshat.
Miller, Thomas Gideon, mc s of m Kentucky 86, cb 87, Gaylesville.
Matthews, John Patrick, mc univ Nashville 86, cb 87, Maple Grove.
Morgan, W. T., mc ———, cb 86, Rock Run.
McGehee, Robert Hallens, mc univ Vanderbilt 87, cb 87, Round Mountain.
Shamblin, John Levi, mc Atlanta 87, cb 88, Broomtown.
Shamblin, Arnold, ng, cb 87, Broomtown.
Slack, John C., mc ———, cb 87, Slackland.
Sharp, George Barnabas, mc Atlanta 93, cb 93, Forney.
Story, C., mc ——, cb ——, Kentucky.
White, Barnabas Pace, mc univ Georgia 59, cb 87, Spring Garden.
White, Thomas Noel, mc univ Georgia 57, cb 87, Spring Garden.
White, William Yancey, mc univ Vanderbilt 87, cb 87, Spring Garden.
Wills, ———, illegal.
Total, 21.

Moved into the county—H. L. Ison, from Calhoun county, to Center; W. H. Crumpton, from parts unknown, to Alexis.

Moved out of the county—A. M. Brown, from Round Mountain, to Albertville; R. C. Carr, from Haynie, to Georgia; Thos. F. Weaver, from Center, to Texas.

Deaths—C. N. Tate, of Alexis. Cause not given.

*CHILTON COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, W. E. Stewart; Vice-President, J. P. Givhan; Secretary, V. H. Caine; Treasurer, V. H. Caine; Health Officer, ————. Censors—W. E. Stewart, J. P. Givhan, V. H. Caine.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Caine, Vaughn H., mc Alabama 92, cb Perry 92, Clanton.
Caffey, Hugh William, mc South Carolina 55, cb Lowndes, 83, Verbena.
Dawson, George W., mc Alabama 94, cb 94, Verbena.
Dennis, Andrew Jackson L., mc Atlanta Southern 90, cb 94, Cooper's.
Givhan, Joseph Phillip, mc Alabama 73, cb Dallas 86, Jemison.
Johnson, Joseph Samuel, mc Baltimore 76, cb 86, Clanton.
Marlar, Alonzo J., mc Memphis 94, cb 94, Stanton.
McNeil, John Archibald, mc univ Tennessee 53, cb 86, Jemison.
Matthews, Emmet Abram, mc Alabama 87, State Board 86, Clanton.
Stewart, William Eugene, mc Louisville, Ky., 75, cb 79, Clanton.
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dawson, James Jefferson (old law), cb Autauga 56, Kincheon.
Hays, Julius Poe, mc Memphis 96, cb 96, Lily.
Johnson, Joseph Samuel, mc Georgia 59, cb Dallas 79, Clanton.
Parnell, Charles Nichols, mc Alabama 91, cb 91, Stanton.
Pitts, John Spate, mc Nashville 68, cb 79, Verbena.
Wise, John F., mc Graffenburg 56, cb 79, Cooper's.
Wise, William Tell, mc Atlanta Southern 89, cb 94, Cooper's.
Total, 7.

*NOTE.—As no report has been received from Chilton county this year, the report for 1897, is here reproduced.

CHOCTAW COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, T. R. Louion; Vice-President, R. L. Young; Secretary, J. L. Granberry; Treasurer, J. L. Granberry; Health Officer, F. P. Clarke. Censors—J. P. Phillips, J. L. Granberry, T. A. Knighton, F. P. Clarke, R. L. Young.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Clarke, Ferdinand Payne, mc Alabama 84, cb Marengo 84, Bevil's Store.
Granberry, Joseph Langley, mc Louisville 91, cb 91, Pushmataha.
Knighton, Thomas Abram, mc Louisville 88, cb 88, Butler.

Lenoir, Thomas Rutledge, mc Alabama 92, cb 92, Womack Hill.
Moody, Robert Franklin, mc univ Louisiana 60, cb 79, Butler.
Needham, Eli Wiggington, mc univ Louisiana 58, cb 79, Lusk.
Phillips, Jacob Parker, mc Alabama 85, cb 85, Yantley.
Young, Robert Lee, mc Alabama 86, cb Marengo 86, Mt. Sterling.
Total, 8.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brown, Collin Balsam, Cocoa.
Christopher, Franklin Evans, Isney.
McCall, Dan T.
Total, 3.

Moved into the county—Dan T. McCall.

Deaths—Dan T. McCall, DeSotoville; W. W. Johnson, Melvin.

CLARKE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, A. S. Pugh; Vice-President, W. A. Kimbrough; Secretary, J. W. Armistead; Treasurer, J. M. Cobb; Health Officer, G. S. Chapman. Censors—G. S. Chapman, J. W. Fleming, B. S Barnes, B. Buroughs, J. A. Gilmore.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Armistead, James Westwood, mc Alabama 83, cb 84, Grove Hill.
Barefield, Henry Litman, mc Alabama 72, cb Pickens 87, Gosport.
Barnes, Benjamin Shields, mc univ Pennsylvania 59, cb 84, Suggsville.
Boroughs, Bryan, mc univ Louisville 70, cb 84, Jackson.
Bush, Boaz Whitfield, mc univ South Carolina 58, cb 84, Choctaw Corner.
Chapman, Gross Scruggs, mc Alabama 79, cb 83, Jackson.
Cobb, Jesse Monroe, mc univ Louisiana 93, cb 93, Grove Hill.
Cobb, William Floyd, mc Alabama 94, cb 94, Barlow Bend.
Dahlberg Charles Isaac, mc Alabama 87, cb Choctaw 87, Suggsville.
Davis, Henry George, mc Alabama 72, cb 84, Gainestown.
Fleming, John William, mc Alabama 79, cb 84, Salitpa.
Gilmore, John Arcade, mc s of m Kentucky 86, cb, 86 Thomasville.
Hicks, Lamartine Orlando, mc Alabama 73, cb 84, Jackson.
Jeffrey, James Gray, mc Alabama 88, cb Wilcox 88, Whatley.
Kirvin, Thomas, mc univ Louisville 84, cb 93, Thomasville.
Kimbrough, William Augustus mc Alabama 95, cb 95, Glendon.
Pugh, Clement Eugene, mc Alabama 89, cb 89, Grove Hill.
Pugh, Albert Sidney, mc s of m Kentucky 92, cb 93, Grove Hill.
Pugh, John Talbert, mc univ Vanderbilt 97, cb 97, Jackson.
Todd, John William, mc Alabama 90, cb. Marengo 90, Marvin.
Total 20.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Armistead, Lee, non-graduate, Campbell.
Davis, Louis James, mc Alabama 96, cb 96, Bashi.
Davidson, James Samuel, mc Alabama 91, no certificate, Thomasville.
Prim, Thomas Jefferson, non-graduate, Salitpa.
White, Thomas Barnell, mc univ Virginia 58, cb 84, Woods Bluff.
Total 5.

Moved into the county—John William Todd, from Faunsdale, Marengo county, to Marvin.

Moved out of the county—John C. Christopher, from Marvin, to Mississippi.

Examinations—John Talbert Pugh, mc Vanderbilt 97, certificate granted.

CLAY COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, Thomas Northen; Vice-President, W. F. Irvin; Secretary, C. P. Gay; Treasurer, J. W. Jordan, Health Officer, Thomas Northen. Censors—C. S. Northen, W. F. Irvin, S. J. Gay, A. K. McDairmid.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Darby, Cunningham Wilson, ng, cb 87, Rozell.
Garrett, John Henry, mc Atlanta Southern 92, cb 92, Delta.
Gay, C. P., mc Atlanta Southern 87, cb 87, Lineville.
Gay, Stonewall Jackson, mc Atlanta Southern 88, Randolph 88, Lineville.
Irvin, William Fletcher, mc univ Louisville 87, cb 87, Millerville.
Jordan, John Wiley, mc Atlanta 91, cb 91, Ashland.
Manning, John Thomas, mc univ Vanderbilt 85, cb 87, Wesobulga.
McDairmid, Angus Kelly, mc Alabama 72, cb 87, Hollins.
Northen, Thomas, mc Atlanta 78, cb 87, Ashland.
Northen, Charles Stephen, mc Atlanta 91, cb 89, Ashland.
Owens, Seaborn Wesley, mc Louisville 83, cb 87, Bluff Springs.
Sims, George Nelson, mc Graffenburg 56, cb 87, Ashland.
Stephens, Albert Russell, mc Atlanta Southern 88, cb 88, Delta.
Stephens, Burrell Anderson, mc Alabama 92, cb 92, Lineville.
Total 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

McDairmid, J. C., ng, cb 87.
Harris, D. C., ng, cb, 87.
Total 2.

Moved into the county—C. P. Gay, from Randolph county.

Moved out of the county—George W. Bartlett, to Talladega county; W. O. Jenkins, to Tallapoosa county.

Examinations—Daniel Blake Harris, mc Atlanta Southern 97, certificate granted; James Willam Wood, mc Atlanta Southern——, certificate granted.

CLEBURNE COUNTY MEDICAL SOCIETY—Selma, 1884.

OFFICERS.

President, T. J. Johns; Vice-President, W. H. Lindsey; Secretary, S. L. Williams; Treasurer, D. P. Roberts; Health Officer, T. L. Thomason. Censors—S. L. Williams, T. J. Johns, W. A. Neal, W. H. Lindsey, J. D. Creamer.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Creamer, James David, mc Atlanta Southern 93, cb 93, Abernathy.
Hudgens, Noel C., mc Georgia 47, cb 84, Oak Level.
Hobgood, Samuel P., mc Atlanta 57, cb 84, Bowden, Ga.
Johns, Thomas Jefferson, mc Alabama 88, cb 93, Edwardsville.
Lindsey, William Henry, mc Chattanooga 94, cb 94, Fruithurst.
Lindsey, J. M., mc Chattanooga 97, cb 97, Fruithurst.
Kaylor, J. W., mc Atlanta Southern 97, cb 97, Arbacoochee.
Ligon, James A., mc univ Vanderbilt 91, cb 91, Oakfuskee.
Ligon, William M., mc Georgia 61, cb 84, Oakfuskee.
Neal, William Alexander, mc Georgia 81, cb 84, Heflin.
Pennington, James Edward, mc univ Georgia 88, cb 94, Esau Hills, Ga.
Price, W. H., mc univ Tennessee 90, cb 98, Hightower.
Ray, L. E., mc s of m Kentucky 88, cb Clay 88, Heflin.
Roberts, David P., ng, cb 84, Oak Level.
Reid, Rhesa Thomas, ng, cb 84, Edwardsville.
Shepard, Orlando Waters, mc Graffenburg 56, cb 84, Edwardsville.
Thomason, Thomas Luther, mc Baltimore 96, cb 96, Heflin.
Williams, Sidney Lorenzo, mc Chattanooga 94, cb 94, Hightower.
Total 18.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Sorrell, J. W., mc ———.
Black, S. L. B., mc of Ohio 69, Fruithurst.
Dowdy, R. M., mc univ Vanderbilt (illegal), Hightower.
Harrison, J. M., mc Atlanta 80, cb 93, Heflin.
Morgan, W. H., mc Rush 74, cb 97, Fruithurst.
Putt, Dr., (illegal), ———, Fruithurst.
Harris, Daniel, mc Atlanta Southern 97, cb —, Beason's Mills.
Total 7.

Moved into the county—S. L. B. Black, from Chicago, Ill., to Fruithurst; R. M. Dowdy, from Randolph county, to Hightower; J. M. Harrison, from Pinetuckey, to Heflin; Daniel Harris, from Delta, to Beason's Mills; W. H. Price, from Waco, Ga., to Hightower; Dr. Putt, from Chicago, to Fruithurst.

Moved out of the county—Green W. Price, from Hightower, to Waco, Ga.

Examinations—Thomas P. W. Brooks; William H. Morgan, mc Rush, certificate granted; Reuben Calvin Stevens, mc Southern 92, certificate granted; W. H. Price, certificate granted; Wesley Hollingsworth Crumpton, mc Chattanooga 97, certificate refused; S. L. B. Black, has made application.

COFFEE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, W. W. Grubbs; Vice-President, B. A. Hill; Secretary, P. T. Fleming; Treasurer, H. F. A. Harp; Health Officer, H. F. A. Harp. Censors—H. F. A. Harp, B. A. Hill, W. W. Grubbs, P. T. Fleming, F. M. Rushing.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Fleming, Porter Thomas, mc univ Louisville 94, cb 94, Clintonville.
Grubbs, William Westford, mc univ Louisville 89, cb Covington 90, Enterprise.
Harp, Hector Frederick Augustus, mc Alabama 93, cb 93, Elba.
Hill, Benjamin Augustus, mc Richmond 60, cb 85, Elba.
Rushing, Francis Marion, mc univ Louisiana 51, cb 85, Elba.
Total, 5.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Ballard, Benjamin Randall, mc univ Tennessee 94, cb Crenshaw 94, Alberton.
Andrews, ——, Enterprise.
Bowdoin, James, (illegal), Enterprise.
Blue, Jasper Dixon, ng, cb 85, Elba.
Carter, James Beston, ng, cb 89, Clintonville.
Dalton, Tobe E., mc Georgia Eclectic 94, cb 96, Haymon.
Heath, Frank (illegal), Enterprise.
Howell, David E. (legal), Enterprise.
Lewis, Walter Augustus, mc univ Louisiana —, cb Barbour 97, ——.
Loftlin, Daniel Thomas, mc Alabama —, cb 97, ——.
Matheny, William Fourth, mc Atlanta 95, cb 97, Eta.
Steed, John Wesley, mc univ Nashville 56, cb 85, Haw Ridge.
Wilson, William Augustus, mc Atlanta Southern 56, cb 86, Elizabeth.
Total, 13.

Moved into the county—Andrews, from Troy, Pike county, to Enterprise; Walter Augustus Lewis, from Barbour to Enterprise.

Examinations—W. F. Matheny, mc Atlanta 95, certificate granted; Daniel Thomas Loftin, certificate granted.

COLBERT COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, Edgar Rand; Vice-President, C. R. Palmer; Secretary, H. B. Thompson; Treasurer, H. B. Thompson; Health Officer, H. B. Thompson. Censors—E. P. Rand, C. R. Palmer, Edgar Rand, H. W. Blair, H. B. Thompson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blair, Hugh Walter, mc univ Vanderbilt 88, cb 88, Sheffield.
Burns, ——, ——.
McWhorter, George Tilghman, mc univ Louisville —, cb 81, Riverton.
Moore, Riley Jackson, mc univ Louisville —, cb 92, Riverton.
Palmer, Charles Richard, mc univ Vanderbilt 88, cb 88, Tuscumbia.
Rand, Edgar, mc Alabama 78, cb Lawrence 78, Leighton.
Rand, Edward Pearsall, mc univ Tulane 72, cb 81, Tuscumbia.
Thompson, Humphrey Bate, mc Louisville 93, cb 93, Tuscumbia.
Walker, David Harris, mc univ Vanderbilt 82, cb 82, Spring Valley.
Total, 9.

Honorary Member.

Wall, Alfred Alexander, mc univ Pennsylvania 49, cb Madison 78, Tuscumbia.
Total, 1.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, Parkerson Patrick, mc univ Louisville 66, cb 79, Brick.
Gilmore, Francis T., mc univ Louisville —, cb —, Tuscumbia.
Johnson, Beverley, mc——, cb —, Tuscumbia.
King, Benjamin Rush, mc univ Pennsylvania 58, cb 78, Leighton.
King, Frederick Rush, mc Alabama 94, cb —, Leighton.
Masterson, Albert Aaron, mc univ Louisville 89, cb 89, Leighton.
Masterson, John Thomas, mc univ Pennsylvania 78, cb 78, Leighton.
Masterson, John H., mc univ Louisville 89, cb 89, Leighton.
McClellan, ——, mc Alabama 97, cb 97, Spring Valley.
McCluskey, James A., mc —— —, cb—— —, Dug.
Morris, Charles Thomas, mc univ Louisville 75, cb Henry 78, Sheffield.
Lovelady, ——, ———.
O'Reily, John Edmund, mc Alabama 74, cb 84, Cherokee.
Robinson, John Abner Pruitt, mc St. Louis 72, cb 78, Leighton.

Smith, James Clark, mc univ Vanderbilt 85, cb Elmore 85, Tuscumbia.
Williams, C. W., mc —— —. Cherokee.
Total, 16.

CONECUH COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, M. McCreary; Vice-President, F. L. Tatum; Secretary, A. Jay; Treasurer, A. Jay; Health Officer, A. A. McKittrick. Censors—M. McCreary, J. C. Snead, P. M. Bruner, R. T. Holland, A. Jay.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bradley, Ely, mc univ Pennsylvania 59, cb 84, Bellville.
Bruner, Pinckney McDonald, mc Alabama 61, cb Lowndes 79, Evergreen.
Fountain, Hugh Thomas, mc Alabama 72, cb 79, Burnt Corn.
Holland, Richard Thomas, mc Alabama 90, cb Escambia 90, Castleberry.
Jay, Andrew, mc Alabama 72, cb 84, Evergreen.
McCreary, John Absalom, mc univ Louisiana 60, cb 84, Evergreen.
McCreary, Marcellus, mc univ Tulane 96, cb 96, Evergreen.
McKittrick, Adam Alexander, mc Georgia 60, cb 84, Evergreen.
McMillan, Thomas Morton, mc univ Tulane 91, cb Monroe 91, Brooklyn.
Ruback, Carl, mc Memphis 96, cb 96, Evergreen.
Shaver, William Benjamin, mc Georgia Reform 60, cb 84, Herbert.
Shaw, William Chesley, mc Alabama 85, cb 85, Bellville.
Snead, Junius Charlesworth, mc univ Tulane 96, state board 96, Brooklyn.
Stallworth, Emmett Lemuel, mc Alabama 94, cb 94, Evergreen.
Taliaferro, Charles Thomas, mc Atlanta 59, cb 84, Evergreen.
Tatum, Fletcher Latham, mc Atlanta 95, cb Pike 95, Brooklyn.
Watson, William, mc Alabama 93, cb 93, Repton.
Total, 17.

Honorary Member.

Below, Archibald Frederick, mc Jefferson 74, Evergreen.
Total, 1.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beddingfield, Charles, mc Alabama 97, cb 97, Repton.
Mixon, J. N., mc Memphis 97, cb —, Commerce.
Russell, James Thomas, mc Georgia Reform 61, cb —, Evergreen.
Total, 3.

Moved out of the county—William J. Morris to Shell, Butler county; Guy G. Newton to Tallassee, Elmore county.

Examinations—Charles Alexander Beddingfield, mc Alabama 97, certificate granted; William Eli Morris, mc Alabama 95, certificate granted; Guy Guerdson Newton, mc Alabama 97, certificate granted.

Death—Robert Augustus Lee, aged 64, of angina pectoris.

COOSA COUNTY MEDICAL SOCIETY—Birmingham, 1883.

OFFICERS.

President, W. H. Moon; Vice-President, W. J. Peddy; Secretary, Julius Jones; Treasurer, Eugene Argo; Health Officer, A. J. Peterson. Censors—Julius Jones, A. J. Peterson, W. J. Peddy, Eugene Argo, J. C. Cousins.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Argo, Eugene, mc univ Vanderbilt 91, cb 91, Goodwater.
Bailey, William, ng, cb 88, Equality.
Cousins, James Columbus, mc univ Maryland 91, cb 91, Equality.
Dunlap, William B., ng, cb 85, Hollins.
Holloway, William A., mc Alabama 89, cb Tallapoosa 89, Kellyton.
Jones, Julius, mc univ Vanderbilt 84, cb 84, Rockford.
McKinney, Eugene P., mc univ Louisville 93, cb 93, Kellyton.
Moon, William Henry, mc Alabama 79, cb 88, Goodwater.
Peddy, William Jeremiah, mc Graffenburg 55, cb 88, Rockford.
Peterson, Albert James, mc univ Vanderbilt 89, cb 89, Hanover.
Pope, Chandler Mathews, mc Jefferson 57, cb 83, Goodwater.
Pruett, James W., mc Alabama 92, cb Talladega 93, Weogufka.
Total, 12.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dollar, Henry Clay, mc Atlanta 75, cb 88, Marble Valley.
Goggans, Phillip Peterson, mc university New York 80, cb 80, Travelers' Rest.
Nolen, Richard Spencer, mc Kentucky 89, cb 89, Equality.
White, William Tanner, mc univ Tennessee 86, cb 86, Rockford.
Salter, Paschal Preston (Botanist), cb 84, Goodwater.
Mathews, John Thomas, mc univ Tulane 73, cb 84, Hanover.
Total, 6.

Moved into the county—Maxwell Cecil Kelly, from Alexander City, to Kellyton.

*COVINGTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, W. E. Sentell; Vice-President, J. R. Ealum; Secretary, W. N. McNair; Treasurer, J. R. Ealum; Health Officer, W. N. McNair. Censors—W. E. Sentell, J. R. Ealum, T. C. Bozeman, W. T. Stenson, W. N. McNair.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bozeman, T. Compton, mc Alabama 92, cb 93, Searight.
Ealum, James R., mc Alabama 91, cb 91, Oakey Streak.
McNair, William Neil. mc Alabama 90, cb 91, River Falls.
Sentell, Wilbur Eugene, mc Alabama 89, cb 91, Andalusia.
Stenson, William T., mc Atlanta 91, cb 91, Rose Hill
Street, William N., mc ———, cb —, Hilton.
Total, 6.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Atkinson, Alexander G., ng, Red Level.
Baggett, ———, Eclectic.
Brown, T. J., (illegal), Rat.
Cawthorn, Samuel J. S., ng, cb 90, Andalusia.
Patrick, Thomas, ng, Green Bay.
Miller, ———, (illegal), Florella.
Pierson, W. W., (illegal), Red Level.
Roberts, James M., ng, Beda.
Sellers, Thomas L., ng, Andalusia.
Whaley, James A., ng, Green Bay.
Total 10.

NOTE.—As no report has been received from Covington county this year, the report for 1896 is here reproduced.

*CRENSHAW COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

President, J. R. Horn; Vice-President, F. M. T. Tankersley; Secretary, W. P. Knight; Treasurer, C. W. Sheppard; Health Officer, A. J. Jones. Censors—F. M. T. Tankersley, J. R. Horn, W. H. Coston, W. P. Knight, C. S. Carlisle.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Avant, William Watts, mc univ Tennessee 90, no certificate, Patsburg.
Broughton, Louis Edward, mc univ Tulane 93, cb Butler 93, Searight.
Burgamy, William Thomas, mc Jefferson 59, cb 88, Rutledge.
Carlisle, Charles Sanford, mc univ Tennessee 94, cb 94, Bullock.
Coston, William Henry, mc Atlanta Southern 88 and New Orleans 94, cb 89, Brantley.
Horn, Joseph Robert, mc Alabama 87, cb 87, Lvverne.
Horn, Richard Kersey, mc Eclectic of Georgia 81, cb 84, Patsburg.
Jones, Andrew Jackson, mc s of m Kentucky 85, cb 86, Highland Home.
Kendrick, James Evans, mc Alabama 69, cb 82, Luverne.

Knight, William Peter, mc Atlanta Southern 92, and New Orleans 94, cb Butler 92, Luverne.
May, Samuel William, mc phy and surg Baltimore 82, and New York Pol. 95, cb 83, Brantley.
Odom, William, mc univ Tennessee 94, cb Coffee 94, Johnson.
Rushton, Christopher Reid, mc Atlanta Southern 92, cb Covington 92, Rutledge.
Sheppard, Charles Webb, mc Atlanta Southern 91, cb Butler 91, Honoraville.
Stough, Thomas Jefferson, mc univ Tennessee 93, cb 93, Petrey.
Tankersley, Felix Marcus Tullis, mc univ Tennessee 85, and Tulane 95, cb 85, Highland Home.
Tankersley, George Stewart, mc univ Tulane 93, cb 93, Highland Home.
Thrower, Steven Simon, ng, cb 84, Bradleyton.
Total, 18.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bozeman, T. C , mc Alabama —, cb Covington —, Searight.
Dyer, Edward Fox, mc ———, cb 84, Rutledge.
Moxley, David Newton, mc ———, cb Pike 78, New Providence.
Pryor, William Dayton. mc univ Nashville 79, cb Butler 81, Aiken.
Stough, Daniel Beauford, mc s of m Kentucky 87, diploma recorded, Bradleyton.
Total 5.

Illegal Practitioners.

Eiland, T. C., Bullock.
Gary, Oscar, Honoraville.
Total, 2.

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*NOTE.—As no report has been received from Crenshaw county this year, the report for 1896, is here reproduced.

CULLMAN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, G. Hartung; Vice-President, G. W. Watts; Secretary, ————; Treasurer, E. Hays; Health Officer, Jno. Yielding. Censors—G. Hartung, R. H. Baird, E. W. Terrel, E. Hays.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ainsley, John Smith, mc Atlanta 76, cb Lowndes 78, Crane Hill.
Baird, Robert Henry, mc Alabama 92, cb Blount 92, Trimble.
Brindley, Bethea Pace, mc Atlanta Southern 92, cb 92, Simcoe.
Crumbley, Jesse James, mc Atlanta 92, cb 94, Holly Pond.
Harris, George Riley, ng, cb 92, Garrison Point.

Hartung, Goettloeb, mc Wurtemburg, Germany, 78, cb 92, Cullman.
Hays, Elbert, mc univ Grant 92, cb 92, Cullman.
Hudson, William Henry, mc Nashville 92, cb Blount 94, Walter.
Martin, William Henry, mc Atlanta 88, cb 89. Ruby.
Terrell, Early Walton, mc Nashville 88, cb Elmore 89, Cullman.
Walling, John Henry, ng, cb 89, Pinnacle.
Watts, George Wesley, mc Atlanta Southern 88, cb 89, Holly Pond.
Yeilding, John, mc univ Grant 94, cb 94, Cullman.
Total, 13.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Burnum, Francis Marion, mc Nashville 79, cb 86, Cullman.
Cossey, Thomas Watson, mc Atlanta Southern 91, cb 96, Jones' Chapel.
Humphries, Roman Willis, mc Atlanta Southern 92, cb 96, Logan.
Keller, Louis Martin, mc Atlanta 88, cb 88, Etha.
McDonald, William Alexander, ng, cb 89, Bailyton.
Moon, George Francis, mc Memphis 94, cb 95, Bremen.
Oden, James Henry, ng, cb 88, Unity.
Winn, Joseph Jefferson, mc univ Vanderbilt 89, cb 96. Baileyton.
Total, 8.

DALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, E. B. Ard; Vice-President, B. L. Byrd; Secretary, R. F. Harper; Treasurer, R. F. Harper; Hea'th Officer, ———. Censors—R. F. Harper, E. B. Ard, B. L. Byrd, R. D. Reynolds, F. B. Cullens.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, Erastus Byron, mc univ Vanderbilt 87, cb 87, Ozark.
Barnes, Charles Duncan, mc Alabama 97, cb 97, Skipperville.
Belcher, William Ree, mc Atlanta Southern 90, cb 91, Daleville.
Blackshear, George Henry, mc s of m Kentucky 96, cb 96 Charlton.
Byrd, Benjamin Littlebury, mc Alabama 92, cb 92, Haw Ridge.
Cullens, Frederick Bacon, mc state board 97, Ozark.
Harper, Robert Franklin, mc Alabama 88, cb Coffee 88, Ozark.
Holman, John Clinton, mc Jefferson 56, cb 87, Ozark.
Howell, Samuel Matthew Crawford, mc Atlanta 91, cb 91, Midland City.
Reynolds, Robert Davis, mc Alabama 80, cb 87, Ozark.
Steagall, William Collinsworth, mc South Carolina 60, cb 87, Ozark.
Total, 11.

Honorary Members.

Bottoms, James, mc Augusta 56, cb 87, Ozark.
Total, 1.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baxter, Hugh Curry, mc Atlanta 86, cb 87, Midland City.
Bell, Seaborn Bentley, mc Georgia Reform 92, cb 95, Echo.
Campbell, Terrell Taylor, mc Georgia Reform 88, cb 87, Echo.
Cowart, William Augustus, ng, cb Coffee 85, Charlton.
Dalton, Christopher Columbus, mc Georgia Reform 91, diploma recorded, Wicksburg.
Davie, Mercer Stillwell, mc Jefferson 67, cb 87, Pinckard.
Morris, Andrew Jackson, mc Atlanta Southern 87, cb Geneva 89, Newton.
Rice, John R., mc Alabama (one course), cb Geneva 87, Wicksburg.
Scott, Marcus Tullius Cicero, mc Birmingham 97, cb Henry 97, Clopton.
Smisson, Henry James, mc South Carolina 60, cb 87, Newton.
Spears, Phillip Benton, mc Georgia Reform 91, cb 91, Pinckard.
Steagall, Albert Sidney, mc Alabama 88, cb 87, Clopton.
Weed, Samuel LaFayette, mc Alabama 85, cb 87, Ariosto.
Total, 13.

Moved out of the county—Randall Davis Blackshear, from Charlton to Gadsden; James Alexander Fleming, from Newton to Horse Creek; J. Jack Rivenbark, from Pinckard to Hartford, Geneva county; Oscar Lee Rivenbark, from Wicksburg to Florida; Walter Roy Weedon, from Ozark to Eufaula.

Examinations—Charles Duncan Barnes, mc Alabama 97, certificate granted; Jack J. Rivenbark, mc Georgia Reform 97, certificate granted.

Deaths—Theophilus T. Glover, mc Louisville 91, cb Coffee 96, Ozark; Alexandria Gillis McLeod, mc Louisiana, ng, 59, cb Dale 87, Daleville.

DALLAS COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, J. A. McKinnon; Vice-President, J. A. Groves; Secretary, W. M. Pitts; Treasurer, S. G. Gay; Health Officer, J. A. McKinnon. Censors—J. P. Furniss, E. B. Ward, J. M. Donald, C. Ritter, S. G. Gay.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, Benjamin Clarence, mc Alabama 72, cb 78, Safford.
Chapman, John Thomas, mc Alabama 86, cb Marengo 87, Selma.
Chisolm, Robert Patrick, mc Alabama 93, cb 93, Summerfield.
Cochrane, Robert Miller, mc univ Virginia, 65, cb 78, Eleanor.
Donald, James Marion, mc Alabama 84, cb Marengo 84, Bridges.
Donald, Joseph Marion, mc univ Louisiana 54, cb 78, Howell.

DuBose, Frank Goodwin, mc univ Tulane 93, cb Talladega 93, Selma.
Furniss, John Perkins, mc univ New Orleans 66, cb 78, Selma.
Gay, Samuel Gilbert, mc Alabama 87, cb 87, Selma.
Groves, Joseph Asbury, mc South Carolina 54, cb 78, Orrville.
Harper, William Wade, mc univ Tulane 91, cb 91, Selma.
Howard, Thomas Greenwood, mc univ Washington 68, cb Autauga 78, Selma.
Kendall, William Quinton, mc phy and surg Baltimore 80, cb 80, Berlin.
King, Goldsby, mc South Carolina 80, cb 80, Selma.
Kirkpatrick, Samuel, mc univ Vanderbilt 88, cb 88, Selma.
Lockhardt, Thomas Ernest, mc univ Tulane 90, cb Perry 90, Selma.
McKinnon, John Alexander, mc univ Louisiana 67, cb 78, Selma.
Moore, John Thomas, mc Alabama 91, cb 91, Orrville.
Pitts, William McLean, mc Louisville 94, cb 94, Selma.
Phillips, William Crawford, mc univ Louisiana 73, cb 78, Vallegrande.
Ritter, Clement, mc Jefferson 90, cb DeKalb 90, Selma.
Rogan, B. B., mc ——, cb 96, Selma.
Sutton, Robert Lee, mc Columbia Univ. Washington 89, cb Lee 89, Orrville.
Taylor, William Henry, mc Alabama 87, cb Marengo 87, Central Mills.
Ward, Edward Burton, mc univ New York 82, cb Hale 82, Selma.
Weisinger, John Alonzo, mc univ Louisiana 75, cb 78, Talmage.
Total, 26.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Allison, Joseph D., mc South Carolina 58, cb 78, Carlowville.
Allison, Samuel Blakeman, mc univ Louisville 91, cb 93, Carlowville.
Boykin, Joseph Owens, mc univ Transylvania 48, cb 78, Tilden.
Burrell, Lincoln Laconia, (col'd) mc Leonard, N. C. 89, cb Montgomery 89, Selma.
Hall, John James, mc univ Louisiana 67, cb 78, Hogan.
Kyser, George Washington, mc Richmond 65, cb 78, Richmond.
Kyser, James H., mc univ Tulane 97, cb Dallas 97, Richmond.
McKinnon, Kenneth, mc univ Louisville 52, cb 78, Pleasant Hill.
Mixon, William S., mc univ Louisiana 49, cb 78, Plantersville.
Moseley, Elijah Bucklee, mc univ Louisiana 57, cb 78, Boguechitto.
Pugh, Braxton Bragg, mc Alabama 89, cb Clark 89, Browns.
Pegues, Charles I., mc ——, cb Dallas 96, Safford.
Riggs, Watt, mc———, cb———, Pleasant Hill.
Sellers, W. I., mc———, cb———, Browns.
Snow, Joseph Lewis, mc Alabama 91, cb Lowndes 91, Burnsville.
Stewart, William Champney, mc South Carolina 58, cb 78, Soap Stone.
Stewart, William Whitman, mc ——cb ——, Berlin.
Total 17.

Moved into the county—John Thomas Chapman, from Bessemer to Selma; Watt Riggs, from Allenton, Wilcox county to Pleasant Ridge.

Examinations—James H. Keyser, certificate granted.

Deaths—John North Graddick.

DeKALB COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, T. H. Appleton; Vice President, W. I. Wright; Secretary, W. E. Quin; Treasurer, H. P. McWhorter; Health Officer, E. P. Nicholson. Censors—W. E. Quin, E. P. Nicholson, W. S. Duff, H. P. McWhorter, F. P. Gale.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Appleton, Thomas Hayne, mc Chattanooga 92, cb 92, Collinsville.
Black, John Hugh, mc Georgia Eclectic 93, cb 93, Halford.
Duff, William Samuel, mc Alabama 89, cb 90, Fort Payne.
Farley, Andrew Jackson, mc Atlanta 90, cb Shelby 90, Collinsville.
Killian, Henry Elliott, ng, cb 89, Brandon.
McWhorter, Horace Puckett, mc univ Vanderbilt 81, cb 85, Collinsville.
Miller, James Taylor, mc univ Vanderbilt 78, cb 85, Collinsville.
Moore, Wiley Evan, mc Atlanta 90, cb Shelby 90, Lebanon.
Nicholson, Edward Pierson, mc univ Nashville 61, cb 85, Valley Head
Quin, William Everett, mc s of m Kentucky 81, cb 85, Fort Payne.
Sherman, James Richard, mc Georgia Eclectic 89, cb Marshall 89, Sand Mountain.
Smith, Samuel Parish, mc s of m Kentucky 89, cb 59, Crossville.
Wright, William Ira, mc univ Vanderbilt 90, cb 91, Dawson.
Wright, Charles Wesley, mc Alabama 93, cb 93, South Hill.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bailey, Alexander Henry, ng, cb 89, Fort Payne.
Elrod, William Addison, ng, cb 89, Fort Payne.
Green, Philemon Buel, mc univ Vanderbilt 76, cb 85, Sulphur Springs.
Green, William Mastin, mc univ Vanderbilt 77, cb 85, Fort Payne.
Harrison, Joseph J., mc univ Vanderbilt 93, cb 93, Geraldine.
Howard, Joshua E., mc univ Tennessee 86, cb 95, Henegar.
Winston, John Nelson, mc univ Louisville 66, cb 85, Valley Head.
Wooten, William James, ng, cb 89, Musgrove.
Wyett, J. J., ng, cb 89, Geraldine.
Total, 9.

Moved out of the county—Frederick Penniman Gale to Vermont.

Examination—John Deckard Hall, mc Georgia Reform; certificate granted.

ELMORE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, O. S. Justice; Vice-President, W. A. Warren; Secretary, J. W. Dorough; Treasurer, J. W. Dorough; Health Officer, O. S. Justice. Censors—O. S. Justice, W. A. Warren, W. A. Huddleston, J. W. Sewell, W. A. Norton.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blake, Wyatt Heflin, mc univ Vanderbilt 84, cb Randolph 87, Speigner's.
Dorough, John William, mc Atlanta 94, cb 94, Tallassee.
Estes, Mordecai John Elliott, mc Atlanta 95, cb Chilton 95, Deatsville.
Fielder, Martin Lucius, mc Graffenburg 56, cb 84, Eclectic.
Fitzpatrick, Philip, mc univ Tulane 63, cb 84, Wetumpka.
Gamble, William Melvine, mc univ Louisville 87, cb Jefferson 87, Wetumpka.
Hill, Robert McCollough, mc Alabama 94, cb 96, Ware.
Howle, James Augustus, mc Alabama 90, cb 90, Wetumpka.
Howe, Robert Daniel, mc univ Tennessee 90, cb Walker 91, Elmore.
Huddleston, William Allen, mc Atlanta 80, cb 84, Wetumpka.
Humphries, S. O., —— —, Elmore.
Judkins, George Bernard, mc Jefferson 59, cb Macon 79, Wetumpka.
Justice, Oscar Suttle, mc Alabama 85, cb 85, Central.
Milner, Samuel Robert mc Alabama 93, cb 94, Jordan.
Norton, William Abner, mc Alabama 88, cb 88, Eclectic.
Robinson, Edwin Hunt, mc univ Pennsylvania 52, cb 84, Robinson Springs.
Rushin, James Thomas, mc univ Tennessee 83, cb 84, Tallassee.
Sewell, Jabez Wesley, mc Alabama 90, cb 90, Titus.
Sewell, Neal Baker, mc univ Vanderbilt 86, cb 86, Buyck.
Warren, William Allen, mc Alabama 85, cb 85, Wetumpka.
Total, 20.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Beckett, Thomas Travis, mc univ Tulane 59, cb 84, Titus.
Boddie, Henry, illegal, Tallassee.
Campbell, Archibald Graham, ng, cb 84, Tallassee.
Garrett, Allen Jefferson, mc Alabama 93, cb 93, Kent.
Jowers, Solomon Franklin, mc Atlanta 85, cb 84, Jordan.
Lett, Harrison Templeton, mc univ Tulane 75, cb 84, Good Hope.
Nix, James Ringold, mc South Carolina 67, cb 84, Deatsville.
Powell, James Robert, mc Graffenburg 65, cb 84, Tallassee. (Retired)
Powell, Abel Anderson, mc Atlanta Southern 92, Tallassee. (Retired)
Total, 9.

Moved into the county—E. P. Moon, from Nashville, Tenn. to Buyck.

Moved out of the county—William Stewart, from Tallassee to Carrville, Tallapoosa county.

Deaths—James Knox Rushin, mc univ New York 55, cb 84, Tallassee, December 27th.

ESCAMBIA COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, J. D. Owens; Vice-President, P. H. Smith; Secretary, M' Foshee; Treasurer, M. Foshee; Health Officer, E. T. Parker. Censors—S. C. Henderson, H. H. Malone, J. A. Wilkinson, J. F. Peavy, P. H. M. Tippin.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernathy, W. L., mc Alabama 94, cb Monroe 94, Flomaton.
Foshee, Mason, mc univ Virginia 96, cb 96, Brewton.
Henderson, Stephen Cory, mc Alabama 87, cb 87, Brewton.
Malone, Henry Holcombe, mc univ New York 60, cb 86, Brewton.
Martin, John Elijah, mc Alabama 75, cb Bullock 79, Brewton.
Owens, Jared Durwood, mc Alabama 79, cb Butler 79, Brewton.
Parker, Edwin Theodore, mc univ Tulane 91, cb 91, Brewton.
Peavy, Julius Franklin, mc Alabama 88, cb Washington 88, Atmore.
Smith, Price Hall, mc Alabama 94, cb 95, Brewton.
Tippins, Philip Henry Mulcahy, mc Alabama 94, cb 94, Brewton.
Wilkinson, James Anthony, mc univ Louisville 79, cb 86, Brewton.
Total, 11.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

McLendon, Louis Marshall, mc Alabama 74, cb Butler 84, Brewton.
Moore, Charles L., irregular, Atmore.
Roberts, J. M., irregular, Bradley's Dam.
Total, 3.

Moved out of the county—Price Hall Smith, from Brewton to Moss Point, Miss.

ETOWAH COUNTY MEDICAL SOCIETY—1878.

OFFICERS.

President, E. T. Camp; Vice-President, J. W. Lawrence; Secretary, R. F. McConnell; Treasurer, W. S. Edwards; Health Officer, E. T. Camp. Censors—E. S. Jones, R. F. McConnell, J. P. Stewart, J. A. Hurst, F. P. Landers.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Acton, W. H., mc Alabama 86, cb Jefferson 86, Alabama City.
Blackshear, Randall Davis, mc s of m Kentucky 92, cb Dale 94, Gadsden.
Camp, Erasmus Taylor, mc Alabama 85, cb Cleburne 85, Gadsden.
Edwards, William Sterling, mc s of m Kentucky 85, cb Cleburne 85, Gadsden.
Ellison, John Henry, mc univ Vanderbilt 88, cb 89, Walnut Grove.
Ford, Willie Franklin, mc univ Vanderbilt 95, cb 95, Hoke's Bluff.
Gilliland, Henry Forney, mc univ Louisville 90, registered diploma 90, Hill.
Hurst, James A., mc Alabama 91, cb 91, Walnut Grove.
Jones, Eli Spears, mc Alabama 83, cb Jefferson 83, Gadsden.
Landers, Franklin Pierce, mc Atlanta 73, cb 84, Hoke's Bluff.
Lawrence, George Washington Dougherty, mc univ Nashville 86, cb 86, Turkeytown.
Lidell, John Benson, mc Atlanta 82, cb 82, Gadsden.
McConnell, Robert Franklin, mc Atlanta Southern 81, cb St. Clair 81, Attalla.
Morgan, George Washington, mc univ Nashville 89, cb 89, Keener.
Stewart, John Pope, mc Alabama 86, cb 86, Attalla.
Wood, James Harding, mc univ Vanderbilt 82, cb 82, Attalla.
Wilson, George Washington, mc Alabama 95, cb 96, Attalla.
Total, 17.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Anderson, Robert Bailey, mc Atlanta Southern 88, cb 88, Walnut Grove.
Baker, Daniel Harris, mc univ Nashville 82, cb Macon 82, Gadsden.
Coggins, William Thomas, mc ———, cb 77, Keener.
Dowdy, Edgar Lee, mc univ Vanderbilt 76, cb 79, Keener.
Dozier, Marshall Elias, mc Atlanta 61, cb 78, Mountainboro.
Funderberg, William Lewis, mc Atlanta Southern 82, cb DeKalb 86, Gadsden.
Ralls, John Perkins, mc Georgia 44, cb 78, Gadsden.
Slaughter, Charles Jefferson, mc ———, cb 81, Aurora.
Wright, Milton Royal, mc Alabama 78, cb 78, Gadsden.
Total, 9.

Moved into the county.—Randall Davis Blackshear, Charlton, Dale county to Gadsden.

Deaths—Joseph Bevans, cb 78, Gadsden, softening of brain. Walter Colquitt Baskins, mc Georgia Reform 59, cb 83, Coat's Bend.

FAYETTE COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, T. M. Peters; Vice-President, W. J. McCrary; Secretary, W. A. Graham; Treasurer, W. A. Graham; Health Officer, J. G. Smith. Censors—J. G. Smith, W. A. Graham, M. R. Seay, Victor Savage, J. D. Young.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Graham, William Alexander, mc Louisville 92, cb 92, Fayette.
Hollis, Jonathan Shelton, mc Alabama 81, cb 81, Covin.
Hocutt, Lucius Thornton, mc Atlanta 58, cb 83, Stough.
Jones, William Wilburn, old law, 68, cb 84, Newtonville.
McCrary, William Jefferson, mc Memphis Hospital, 93, cb 93, Wayside.
Seay, Mark Rollins, old law, 76, cb Lamar 86, Berry Station.
Smith, John Gardner, mc Alabama 89, cb Lamar 89, Bankston.
Savage, Victor, mc univ Vanderbilt 89, cb 89, Pilgrim.
Peters, Thomas Marion, mc Alabama 90, cb 90, Fayette.
Young, James Dapsie, mc Memphis Hospital 94, cb Lamar 94, Fayette.
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Lane, Jesse Washington, mc univ Vanderbilt 86, cb Walker 86, New River.
Lane, Henry Bascom, (illegal), mc Atlanta 95, Berry Station.
Wheeler, Cicero W., ng, cb Marion 90, Spencer.
Total, 3.

Moved out of the county—Willie Burton Doughty, to Tuscaloosa county.

Deaths—Alexander Washington Agnew, Fayette, angina pectoris, Nov. 12th, 1897.

FRANKLIN COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, J. M. Clark; Vice-President, W. W. White; Secretary, W. J. Clark; Treasurer, W. J. Clark; Health Officer, L W. Desprez. Censors—L. W. Desprez, N. T. Underwood, O. Sargent. E. M. Harris, J. A. Trimble.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barnes, Thomas Benton, mc Memphis 74, cb 88, Darlington.
Clarke, John King, Sr., mc univ Nashville 56, cb 88, Russellville.
Clarke, John King, Jr., mc univ Vanderbilt —, cb 88, Belgreen.

Clark, John McWhorter, mc univ Louisville 50, cb Lawrence 88, Russellville.
Clarke, William Josiah, mc Birmingham 96, cb Franklin 96, Russellville.
Cleere, William Watkins, mc univ Vanderbilt 80, cb 88, Bel Green.
Drespez, Louis Willoughby, mc Alabama 71, cb 88, Russellville.
Harris, Elijah McCulloch, mc univ Vanderbilt 87, cb 87, Russellville.
Jones, Thomas Speck, mc univ Vanderbilt 78, cb 88, Russellville.
Sargent, Oscar, mc univ Vanderbilt 80, cb 88, Darlington.
Trimble, Joseph Adison, mc univ Vanderbilt 81, cb —, Russellville.
Underwood, Nimrod Terrell, mc Alabama 86, cb 90, Russellville.
White, Robert Josiah, mc univ Louisville 54, cb 88, Burleson.
White, William Wyatt, mc s of m Kentucky —, cb Marion 85, Newburg.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dailey, Lansford (illegal), Russellville.
Hughes, ——, mc ——, cb—, Pleasant Site.
McClusky, Samuel, ——, mc ——, cb—, Frankfort.
Sevier, Daniel Vertner, mc ——, cb—, Russellville.
Total, 4.

Moved out of the county—J. W. Nance, to Texas; P. T. Johnston, to Cullman.

Deaths—C. P. Banks of Newburg.

GENEVA COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, M. F. Fleming; Vice-President, A. R. Chapman; Secretary, W. H. Chapman; Treasurer, W. H. Chapman; Health Officer, R. L. Justice. Censors—A. R. Chapman, J. C. Fleming, R. L. Justice, W. H. Chapman, J. H. Ard.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ard, James Henry, mc ——— —, cb 88, Geneva.
Chapman, William Hickerman, mc Alabama 73, cb Coffee 88, Geneva.
Chapman, Abner Richard, mc univ Vanderbilt 88, cb Coffee 88, Geneva.
Cox, William, mc——— —, cb 88, Dundee.
Chalker, William Pounce, mc Georgia Electic 97, cb 97, Sanders.
Clements, John N., mc Jefferson 56, cb 88, Elton.
Douglas, Silas William, mc——— —, cb Escambia 88, Eunola.
Fleming, Millard Filmore, mc univ Louisville 90, cb 88, Geneva.
Fleming, John Clifton, mc Alabama 91, cb 95, Hartford.
Hooten, William Arrington, mc Atlanta 95, cb 95 Henry 95, Hartford.

Jernigan, Alpheus Baker, mc ——— —, cb 88, Dundee.
Justice, Robert Lee, mc Alabama 94, cb Pike 94, Geneva.
Rivenbark, Jackson J., mc Georgia Eclectic 97, cb Dale 97, Hartford.
Smith, Gordon Wright, mc univ Louisville 92, cb 92, Big Creek.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Holly, John H., mc Alabama 98, (not examined,) Marl.
Shutes, Joseph V., mc ——— —, cb 88, Lupton.
Treadwell, Hardy P., mc Georgia Eclectic 93, cb 88, Geneva.
Ward, Thomas Jefferson, mc ——— —, cb 88, Wadford.
Total, 4.

Illegal Practitioners.

(All presented to last Grand Jury.)

Galloway, J. C., Hartford—run away.
Jay, John D., Elton.
Jerkins, LaFayette, Hartford.
Rivenbark, O. L., Highnotes.
Ramsey, Walter, Warwick.
Smith, William, Marl.
Ward, H. M., Geneva—claims he has suit.

Moved into the county—Jackson J. Rivenbark, from Pinckard, Dale county, to Hartford; O. L. Rivenbark, from Sneades, Walton county, Fla. to Hinotes; LaFayette Jerkins, from Ashford, Henry county to Hartford.

Moved out of the county—Walton Levi Bean, from Geneva to Andalusia, Covington county; Benjamin C. Chalker, from Sanders to Ashford, Henry county; J. C. Galloway from Hartford to parts unknown; W. R. King, from Geneva to Georgia; Edon Bowers, from Limestone to Florida.

Examinations—George A. Fellows, certificate refused.—(Correction of a mistake in last Transactions). It was learned that George A. Fellows was no graduate from any school; O. L. Rivenbark, mc Georgia Eclectic, certificate refused.

Deaths—George A. Fellows, died last fall at Cottondale, Fla.

GREENE COUNTY MEDICAL SOCIETY—Selma, 1878.

OFFICERS.

President, J. P. Barclay; Vice-President, A. H. Byrd; Secretary, W. R. Hatter; Treasurer, W. R. Hatter; Health Officer,———. Censors—A. M. Duncan, R. D. Lucius, S. S. Murphy, D. O. McGehee, A. P. Smith.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barclay, James Paxton, mc univ New York 71, cb 79, Eutaw.
Byrd, Alexander Hamilton, mc univ New York 69, cb 80, Eutaw.
Duncan, Augustus Meek, mc Alabama 74, cb 79, West Greene.
Gunter, John Leon, mc Memphis 94, cb Pickens 95, Eutaw.
Harkness, William Baskin, mc Alabama 97, cb 97, Boligee.
Hatter, William Reuben, mc univ Tulane 89, cb 89, Boligee.
Hagler, John Wiley, mc Alabama 94, cb Tuscaloosa 94, Clinton.
Legare, Julius Kenneth, mc univ New York 86, cb 87, Forkland.
Lucius, Richard DeKalb, mc Alabama 71, cb Tuscaloosa 78, Eutaw.
McGehee. Dabney Oswell, mc Alabama 72, cb 79, Eutaw.
Moore, George Augustus, mc Alabama 90, cb 90, Clinton.
Murphy, Samuel Silenus, mc Alabama 81, cb 84, Pleasant Ridge.
Pierce, Thomas William, mc univ Virginia 57, cb 79, Knoxville.
Smith, Armand Pfister, mc s of m Kentucky 75, cb 79, Eutaw.
Smith, John Alexander, mc Atlanta 58, cb 79, Union.
Snoddy, Virgil, mc Alabama 73, cb 79, Knoxville.
Total, 16.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Morgan, Isaac DuBose, mc univ Pennsylvania 58, cb 79, Eutaw.
Mobley, W. A., mc Alabama —, cb —, West Greene.
Pearson, Edward Pallen, mc univ Louisville 78, cb 84, McAlpine.
Purnell, James Knox, mc ———, —, cb Pickens 88, Lewiston.
Snoddy, Samuel, mc univ Transylvania 31, cb 79, Mantua.
Total, 5.

Moved into the county—Edward Pallen Pearson, from Georgia, to McAlpine; Hagler, John Wiley, from Tuscaloosa, to Clinton; John Leon Gunter, from Pickens, to Eutaw.

Moved out of the county—Robert Taylor Byrd, from Boligee, to Birmingham.

Examinations—William Baskin Harkness, mc Alabama 97, certificate granted.

HALE COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, E. Young; Vice-President, J. Huggins; Secretary, C. H. Long; Treasurer, C. H. Long; Health Officer, J. Huggins. Censors—E. Young, D. J. Castleman, W. T. Downey, J. Huggins, R. H. Duggar.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Borden, James Pennington, mc univ Southern 75, cb 78, Greensboro.
Castleman, David J., mc univ Tulane 96, cb 96, Greensboro.

Davis, Andrew Rufus, mc Atlanta 90, cb 90, Gallion.
Driver, Elisha Newton, mc univ Louisiana 93, cb Perry 93, Newbern.
Downey, W. T., —— —, Greensboro.
Duggar, Reuben Henry, mc univ Pennsylvania 58, cb 78, Gallion.
Griffin, Rufus Jackson, mc Alabama 90, cb 90, Moundville.
Huggins, Jacob, mc univ Pennsylvania 60, cb 78, Newbern.
Long, Clarence Henderson, mc univ Tulane 95, cb Greene 95, Greensboro.
McCullom, Edgar Patton, mc univ Alabama 93, cb Perry 93, Cedarville.
Owens, William Harrison, mc univ Nashville 80, cb 81, Havana.
Peterson, Edward William, mc univ Tulane 96, cb Conecuh 96, Greensboro.
Tidmore, James Adams, mc univ Kansas City 84, cb 89, Havana.
Young, Elisha, mc univ Jefferson 59, cb 78, Greensboro.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Gallion, Thomas F., mc Louisville 95, cb Marengo —, Gallion.
Gewin, William Christopher, mc univ Louisiana 78, cb 78, Akron.
Spencer, George M., ng, old law 78, cb Tuscaloosa 78, Brush Creek.
Total, 3.

Moved into the county—William Thomas Downey, from Perry county, to Greensboro.

Moved out of the county—Robert Inge, from Greensboro, to Mobile.

Deaths—Thomas Robinson Ward, Greensboro; Francis Marion Peterson, Greensboro.

HENRY COUNTY MEDICAL SOCIETY—Birmingham, 1883.

OFFICERS.

President, G. A. Hammond; Fice-President, W. M. Ryalls; Secretary, S. O. Carlisle; Treasurer, H. P. Calhoun; Health Officer, H. M. Young. Censors—F. I. Moody, G. A. Hammond, J. R. G. Howell, W. J. Lee, J. H. Stovall.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Atkeson, Clarence Lee Crawford, mc phys and surg Baltimore 84, cb Lee 86, Columbia.
Carlisle, Samuel Oscar, mc univ Vanderbilt 94, cb Pike 94, Dothan.
Calhoun, Henry P., mc Atlanta 95, cb 95, Cottonwood.
Hammond, George Abner, mc Baltimore 84, cb 84, Dothan.
Hardwick, William Pleasant, mc Alabama 67, cb 88, Headland.
Hendrix, Leonidas, mc Atlanta 90, cb Pike 90, Abbeville.

Howell, John Robert Graves, mc Atlanta 90, cb Dale 88, Dothan.
Hundley, Asbury C., mc Louisiana 87, cb Escambia 87, Dothan.
Lee, William Joseph, mc Louisiana 60, cb 83, Abbeville.
Moody, Fleming Isaac, mc phys and surg Baltimore 76, cb 83, Dothan.
Pate, Walter Eugenius, mc Atlanta 93, cb 95, Ashford.
Phillips, Bernard, mc Heidelberg, Germany 74, cb 91, Dothan.
Ryalls, William M., mc Atlanta 87, cb 95, Cowarts.
Stapleton, Richard B., mc Louisiana 85, cb 91, Dothan.
Stovall, John Henry, mc Atlanta 60, cb 89, Columbia.
Sporman, Charles F., mc Alabama 87, cb 89, Headland.
Twitty, Frank Stewart, mc phys and surg Baltimore 98, cb 95, Columbia.
Young, Harvey Monroe, mc Alabama 93, cb 93, Dothan.
Williams, William Henry, mc Memphis Hospital 89, cb 89, Dothan.
Yarbrough, John Fletcher, mc Alabama 92, cb 92, Columbia.
Total, 20.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Blackledge, John Richard, mc Alabama 89, cb 91, Abbeville.
Chalker, ——, mc Eclectic — (illegal), Ashford.
Fowler, James Thomas, mc South Carolina 81, cb 84, Shorterville.
Fowler, John Lindsey, mc South Carolina 51, cb 83, Shorterville.
Hill, A. S., mc Atlanta, no certificate, Gordon.
Fillingane, ——, ——— (illegal), Ashford.
Lewis, James Langdon, mc Atlanta 84, cb 85, Bush.
Lee, J. E., mc Atlanta 95, no certificate, Gordon.
Long, James Benjamin, mc Louisville 81, cb 83, Abbeville.
McLevane, Ples, ng (illegal), Cowarts.
Oats, Wyatt Stephen, mc ———, cb 91, Headland.
Stokes, James Eldridge, mc ————, Lawrenceville.
Weems, J. S., mc Alabama 93 (illegal), Lawrenceville.
Total, 13.

Moved into the county—J. E. Lee, from Georgia to Gordon; A. S. Hill, from Florida to Gordon.

Moved out of the county—Daniel Horatio Vaughn, from Gordon to Elk, New Mexico; William Hooten, from Kinsey to Hartford, Dale county.

Examinations—S. L. Taylor, mc Phy and Surg N. Y. 94, certificate granted; Fate Jenkins, mc Atlanta 95, certificate refused; W. T. C. Scott, mc Birmingham 97, certificate granted; L. S. Nichols, mc Alabama 97, certificate granted; J. E. Stokes, mc Georgia Electric 92, certificate granted.

JACKSON COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

President, G. W. Foster; Vice-President, W. L. McLendon; Secretary, Andrew Boyd; Treasurer, J. P. Rorex; Health Officer, W. C. Sanders. Censors—E. R. Smith, W. C. Maples, G. W. Foster, E. K. Moon, W. C. Sanders.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blakemore, Andrew N., mc univ Tennessee 80, cb 82, Larkinsville.
Boyd, Andrew, mc phy and surg Baltimore 88, cb 88, Scottsboro.
Boggess, John W., mc Vanderbilt 92, cb Marshall 93, Woodville.
Callan, Thomas E., mc Alabama 94, cb DeKalb 94, Fackler.
Foster, George W., mc Nashville 82, cb 82, Stevenson.
Hayes, George T., mc Alabama 81, cb DeKalb 88, Hollywood.
Knowlton, James W., mc univ Vanderbilt 83, cb 83, Paint Rock.
Maples, William C., mc univ Tennessee 81, cb Madison 81, Scottsboro.
McClendon, William L., mc Alabama 94, cb 94, Hollywood.
Moon, Emmet Knight, mc Chattanooga 92, cb Marshall 93, Hollywood.
Rorex, James Polk, mc Alabama 75, cb 82, Scottsboro.
Sanders, Walter C., mc Memphis 91, cb Madison 91, Stevenson.
Smith, Eugene R., mc univ Vanderbilt 85, cb 89, Dutton.
Total, 13.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adkins, Charles William, mc Louisville 68, cb 84, Langston.
Arnold, T. M., mc Atlanta 91 (illegal), diploma recorded, Pisgah.
Boyd, James Harvey, mc Nashville 60, cb 82, Scottsboro.
Brewer, Joseph M., mc univ Vanderbilt 82, cb 82, Trenton.
Derrick, LaFayette, ng, cb 82, Woodville.
Gattes, Henry Franklin, ng, cb 82, Holly Tree.
Graham, Michael, ng, cb 85, Stevenson.
Grant, Felix, ng, cb 82, Larkins.
Haralson, Jefferson B., mc Memphis 87, cb DeKalb 88, Langston.
Helton, Thomas H., ng, cb 82, Caffey's Store.
James, William, mc univ Vanderbilt 82, cb 90, Bolivar.
Johnston, James Robert, ———, cb DeKalb 82, Kirby's Creek.
Kirby, David, mc Memphis 95, cb Marshall 95, Langston.
Lee, Elisha L., mc univ Vanderbilt 73, cb 82, Bridgeport.
Mason, William, mc univ Transylvania 46, cb 82, Fabius.
McAfee, Green Pryor, ng, cb 82, Lime Rock.
McCord, John Harvey, ng (one course), cb 82, Kirby's Creek.
Reid, James R., mc Alabama 93, cb 83, Estills.
Smith, Barton Brown, mc Nashville 67, cb 82, Larkinsville.
Smith, William Barton, ng, cb 82, Aspel.

Speller, William Kingston, mc Louisville 74, cb 84, Bridgeport.
Tate, George T., mc univ Vanderbilt 95, cb Marshall 95, Fabius.
Zurmehly, Samuel Lutz, mc Miami 90, cb 90, Bridgeport.

Moved out of the county—John B. Shelton, from Scottsboro to Decatur; James B. Beeson, from Maynard to Florina; B. E. Graham, from Holly Tree to Gurleys.

Examinations—James Morris Beeson, mc Alabama 97, certificate granted.

JEFFERSON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, A. T. Henley; Vice-President, C. C. Jones; Secretary, G. C. Chapman; Treasurer, R. V. Mobley; Health Officer, J. W. Barclay. Censors—E. H. Sholl, S. L. Ledbetter, Cunningham Wilson, L. G. Woodson, E. P. Riggs.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abernathy, Jones Cadwalader, mc univ Louisiana 59, cb Marengo 78, Birmingham
Alexander, Howard Augustus, mc s of m Kentucky 75, cb Macon 78, Birmingham.
Bankston, Richard Coorpender, mc univ Tulane 88, cb 96, Birmingham.
Barclay, John Wyeth, mc Jefferson 69, cb Madison 78, Birmingham.
Barnes, Ella Elizabeth, mc Woman's Philadelphia 93, cb 93, Birmingham.
Berry, James Crawford, mc South Carolina 95, cb 95, Oxmoor.
Berry, Robert Alford, mc univ Virginia 82, cb 85, Birmingham.
Borden, Benjamin Franklin, mc univ Vanderbilt 90, cb Walker 93, Blossburg.
Brown, George Summers, mc Jefferson 85, cb 87, Birmingham.
Brown, George Washington, mc Atlanta 77, cb 78, Pratt City.
Brown, James Anderson, mc univ Virginia 87, cb Conecuh 87, Ensley, City.
Brown, Thomas Jefferson, mc univ Virginia 85, cb 85, Pratt City.
Byrd, Robert Taylor, mc univ New York 69, cb 80, Birmingham.
Caffee, Samuel Richmond, mc univ Missouri 81, cb Tuscaloosa 81, Birmingham.
Carter, James Watson, mc univ Nashville 74, cb Limestone 78, Bessemer.
Chapman, George Clarence, mc univ Vanderbilt 90, cb Monroe 90, Birmingham.
Copeland, Benjamin Grigsby, mc Jefferson 83, cb Limestone 83, Birmingham.
Cotten, Robert, mc univ Tulane 67, cb 86, Birmingham.

Coulbourne, Joseph Thomas, mc univ Maryland 86, cb 86, Birmingham.
Cunningham, Russell McWhorter, mc Bellevue 79, cb 83, Pratt City.
Dabney, John Davis, mc univ Washington, Baltimore 72, cb 90, Birmingham.
Davis, John Daniel Sinkler, mc Georgia 79, cb St. Clair 79, Birmingham.
Davis, William Elias Brownlee, mc Bellevue 84, cb 84, Birmingham.
Drennen, Charles, mc Alabama 72, cb Blount 78, Birmingham.
Drennen, Daniel Edward, mc Alabama 94, cb 94, Birmingham.
Due, Malvern Nicholas, mc phy and surg New York 89, cb Montgomery 89, Birmingham.
Duncan, Joseph Johnston, mc univ Louisville 86, state board 86, Birmingham.
Dunlap, Perry Gabriel, mc univ Vanderbilt 81, cb St. Clair 81, Adger.
Evins, Thomas Earle, mc univ Pennsylvania 91, cb 94, Woodward.
Foster, William Condie, mc univ Louisiana 82, cb Choctaw 84, Birmingham.
Fox, Bertram Arthur, mc Birmingham 96, cb 96, Birmingham.
Gibson, Jefferson Demetrius, mc Alabama 87, cb Tuscaloosa 87, Birmingham.
Gillespy, John Sharpe, mc Miami, Ohio 83, cb 83, Birmingham.
Glass, Edward Taylor, mc univ Vanderbilt 90, cb 90, Birmingham.
Griggs, John Gardner, mc univ Pennsylvania 63, cb Macon 86, Birmingham.
Hamrick, Robert Hampton, mc Atlanta 95, cb Blount 96, Pratt City.
Hardin, E. Burke, mc univ Louisville 96, cb 96, Dolomite.
Hawkins, Richard Nathaniel, mc Miami, Ohio 67, cb Shelby 87, Birmingham.
Hawkins, Joseph Povis, mc univ Tulane, 92, cb 92, Avondale.
Harwell, James Thomas, mc Atlanta Southern 83, cb Cullman 83, Ishkooda.
Hayes, William Isaac, mc Atlanta Southern 85, cb Walker 87, Powderly.
Heacock, Joseph Davis, mc univ Tulane 92, cb Talladega 92, East Lake.
Heflin, Wyatt, mc Jefferson, 84, cb Randolph 85, Birmingham.
Heflin, Howell Towles, mc univ Maryland 93, cb Clay 94, Bessemer.
Henley, Albert Thomas, mc univ New York 69, cb Hale 78, Birmingham.
Hirst, Jesse Watson, mc Jefferson 93, cb 95, Thomas.
Howard, John Wesley, mc Atlanta 91, cb Shelby 91, Irondale.
Hogan, George Archibald, mc Birmingham 96, cb 96, Birmingham.
Jenkins, Luckie Andrew, mc Alabama 89, cb Wilcox 89, Cardiff.
Jernigan, Charles Henry, mc Jefferson 55, cb Bullock 80, Birmingham.
Johnston, Hardee, mc univ Virginia 95, cb 96, Birmingham.

Jones, Capers Capehart, mc univ med and surg, Philadelphia 70, cb Wilcox 79, East Lake.
Jones, Devotie Davis, mc univ Maryland 72, cb Lowndes 79, Woodlawn.
Jones, Robert Arthur, mc univ Louisville 86, cb 86, Birmingham.
Killough, James Monroe, mc s of m Kentucky 87, cb 87, Huffman.
Klebs, Theodore Alexander, mc univ Tulane 76, cb 87, Birmingham.
Lacy, Edward Parish, mc univ Vanderbilt 83, cb Shelby 83, Bessemer.
Ledbetter, Samuel Leonidas, mc univ Louisville 79, cb 79, Birmingham.
Lewis, Francis Porcher, mc South Carolina 76, cb 80, Coalburg.
Lewis, James Marshall, mc univ Vanderbilt 87, cb 88, Birmingham.
Lewis, G. R., mc univ——— —, cb —, Dolomite.
Luckie, James Buckner, mc univ Pennsylvania 55, cb 78, Birmingham.
LeGrand, John Clarke, mc Atlanta 80, cb 81, Birmingham.
Martin, Henry Lewis, mc univ Vanderbilt 81, cb Madison 81, Avondale.
McCarty, James Henry, mc Atlanta 80, cb 83, Birmingham.
Means, George Evins, mc univ Tulane 89, cb 94, Bessemer.
Mitchell, R. L., mc ——— —, cb —, Laban.
Mobley, Robert Vernon, mc Alabama 89, cb Clarke 89, Birmingham.
Moore, John Austin, mc phy and surg Baltimore 85, cb Blouut 85, Birmingham.
Morris, Edward Watts, mc univ Virginia 85, cb 87, Birmingham.
Morris, Lewis Coleman, mc univ Virginia 92, cb 93, Birmingham.
Naff, John Mortimer, mc univ Vanderbilt 85, cb 85, Birmingham.
Parke, Thomas Duke, mc univ New York 79, cb Dallas 84, Birmingham.
Payne, John, mc Jefferson 86, cb Shelby 86, Hillman.
Perry, Samuel, mc South Carolina 54, cb Perry 78, Birmingham.
Prince, Francis Marion, mc Jefferson 49, cb 78, Bessemer.
Ransom, William Walter, mc univ Vanderbilt 88, cb 88, Birmingham.
Riggs, Edward Powell, mc phy and surg Baltimore 81, cb Dallas 81, Birmingham.
Robertson, Thaddeus Lindley, mc Jefferson 61, cb Calhoun 81, Birmingham.
Robinson, Elisha Milton, mc univ Tulane 85, cb Blount 86, Bessemer.
Robinson, Thomas Franklin, mc univ Nashville 80, cb Blount 80, Bessemer.
Rogers, Mack, mc Alabama 89, cb Conecuh 89, Birmingham.
Rosamond, William Lucius, mc s of m Kentucky 91, cb Walker 91, Warrior,
Rosser, Henry Nollner, mc Atlanta 69, cb Dallas 79, Henry Ellen.
Sellers, Ira Jackson, mc univ Vanderbilt 97, cb 97, Adamsville.
Sexton, Charles Richard, mc univ Tulane 75, cb Tuscaloosa 78, Birmingham.

Sholl, Edward Henry, mc Pennsylvania Philadelphia, 56, cb Sumter 78, Birmingham.
Stubbs, George Hamilton, mc Atlanta Southern 95, cb 97, Birmingham.
Shoemaker, Worcester Ney, mc Columbus, 78, cb 81, Birmingham.
Steeves, Henry Fordyce, ng, state board 87, Gate City.
Tally, Dyer Findley, mc univ Tulane 92, cb 92, Birmingham.
Whaley, Lewis, mc Atlanta 78, cb Blount 78, Birmingham.
Whelan, Charles, mc Alabama 96, cb 96, Birmingham.
Wilder, William Hinton, mc univ New York 91, cb 91, Birmingham.
Wikle, Luther LaFayette, mc univ Tennessee 88, cb 88, Village Springs.
Wilson, Cunningham, mc univ Pennsylvania 84, cb 84, Birmingham.
Winters, Schofield, mc univ Louisville 90, cb 90, Bessemer.
Woodson, Lewis Greene, mc univ Maryland 86, cb 88, Birmingham.
Wood, Winston Cass, mc Atlanta 81, cb 81, Dolomite.
Wyman, Benjamin Leon, mc univ New York and Virginia 78, 79, cb Tuscaloosa 82, Birmingham.
Total, 100.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Acton, William Henser, mc univ Vanderbilt 88, cb Lauderdale 88, Leeds.
Ball, John Calhoun, mc Atlanta 59, cb Calhoun 87, Avondale.
Ballard, Asa Nathaniel, mc Pulte (Homeopathic) 76, cb DeKalb 86, Birmingham.
Barrett, Nathaniel Aldridge, mc univ Vanderbilt 86, cb Lawrence 86, East Lake.
Benton, John M., mc univ Maryland 90, cb 97, Birmingham.
Brown, Arthur McKinnon (colored), mc Ann Harbor 91, cb 91, Birmingham.
Burnum, Henry Clay, mc phy and surg Baltimore 92, cb Blount 93, Chalkville
Byars, Henry Hayden, mc s of m Kentucky 92, cb Perry 92, Warrior.
Clapp, William Wesley, mc Cleveland (Homeopathic) 90, cb DeKalb 90, Birmingham.
Clayton, Benjamin Lawrence, mc univ Vanderbilt 82, cb St. Clair 83, Ayers.
Collins, James Alexander, mc univ Louisville 91, cb Cullman 91, Warrior.
Cross, Samuel Mardis, mc Georgia 60, cb 78, Woodlawn.
Cross, Thomas Winston, mc univ Nashville 87, cb 87, Bessemer.
Crow, Phillip Patterson, mc univ Nashville 77, cb St. Clair 78, Coalburg.
Davidson, James Francis, mc Alabama 87, cb 87, Birmingham.
Dozier, Oliver Thomas, mc Atlanta 74, cb —, Birmingham.

Dozier, Byron, mc Barnes 97, cb 97 (Birmingham certificate refused), Birmingham.
Edwards, Robert Smith, mc Atlanta 71, cb 78, Trussville.
Edwards, Joseph, mc Birmingham 97, cb 97, Wylam.
Ellis, George Washington, ng, cb 78, Morris.
Ellsberry, John Payne, mc univ Virginia 60, cb Montgomery 84, Powderly.
Gamble, John Wesley, (old law) ng, cb 78, Birmingham.
Goin, John Burt (colored), mc Meharry 90, cb 90, Birmingham.
Greene, Robert Smith, mc Atlanta 60, cb 78, Greene's Station.
Hancock, James Francis, mc univ Louisville 88, cb Walker 88, Toadvine.
Hausman, Frank, mc Alabama 93, cb Tuscaloosa 93, Warrior.
Hawkins, Elijah Alexis, mc Atlanta Southern 88, cb Walker 89, Partridge.
Hicks, Thomas Cecil, mc Herring, Chicago, (Homeopathic) 95, cb 97, Birmingham.
Heddleston, James Lawrence, mc South Carolina 55, cb Hale 87, Woodlawn.
Hill, Charles Lowery, mc univ Tennessee 88, cb 88, Elliott.
Holloway, Young Edwin, mc Miami, Ohio, 72, cb Cullman 85, Birmingham.
Jones, John Columbus, mc univ Tulane 85, cb 88, Johns.
Kinette, Jackson Flavius, mc Georgia Eclectic med and surg 92, cb Shelby 92, Brighton.
Lathem, L. Middleton, mc univ Alabama 92, cb Bibb 92, Ensley City.
Love, William Jones, mc Alabama 93, cb Morgan, 93, Mt. Pinson.
Mason, Ulysses Grant (colored), mc Meharry 95, cb 95, Birmingham.
McClain, Frederick Augustus, mc univ Louisville 94, cb 94, Earnest.
McGlathery, Fountain Scott, mc univ Vanderbilt 82, cb Morgan 82, Woodlawn.
Miller, James Mellville, mc Alabama 84, cb Walker 88, Blossburg.
Miller, James Whitfield, mc univ Vanderbilt 92, cb 92, Wylam.
Oliver, Hilliary Francis, mc univ Pennsylvania 59, cb Butler 81, Woodlawn.
Oliver, William Marmaduke, mc Alabama 72, cb 78, Jonesboro.
Ragsdale, Milton Columbus, mc Georgia 78, cb 78, McCalla.
Roberts, Martin (old law) ng, cb 80, Warrior.
Robbins, Jesse Elbert, mc Atlanta 86, cb 86, Brookside.
Robinson, Jasper Bennett, mc univ Vanderbilt 69, cb St. Clair 78, Woodlawn.
Roper, William Elliot, mc univ Louisville 83, cb Shelby 88, Belle Sumter.
Russell, Ralph Morgan, mc Bellevue 88, cb Etowah 89, Birmingham.
Scott, Jeptha Newton, mc Alabama 87, cb 87, Birmingham.

Scott, Andrew LaFayette, mc Barnes, St. Louis 96, cb 96, Birmingham.
Shepperd, Lewis Watson, mc phy and surg Baltimore 85, cb St. Clair 89, Bessemer.
Smith, Robert Lee, mc univ Louisville 91, cb —, Toadvine.
Spencer, Lucien Allen, mc Miami, Ohio, 85, cb 85, Bessemer.
Statum, Job Nelson, mc Atlanta Southern 88, cb 88, Blossburg.
Trainer, Edward William, ng, cb Marshall 85, Pratt City.
Tubbs, James, mc Memphis 94, cb Walker 94, Bessemer.
Waldrop, R. W., mc Louisville 96, cb 97, Bessemer.
Washington, Samuel Somerville Hawkins (colored), mc univ Howard 86, cb Jefferson 87, Birmingham.
Whissenant, Lewis Daniel, ng, cb 78, Morris.
Wilkerson, George Hiram (colored), mc Meharry 97, cb 97, Birmingham.
Total, 60.

Moved into the county—Thomas Cecil Hicks (Homeopathic), from Nashville to Birmingham; George Hamilton Stubbs, from Georgia to Birmingham; Samuel Somerville Hawkins Washington (colored), from Macon county to Birmingham; George Hiram Wilkerson, from Mobile county to Birmingham.

Moved out of the county—Jesse Thomas Miller, from Bessemer to Lopez, Bibb county; William Dudley Cooper, from Birmingham to Atlanta; William Melvin Gamble, from Birmingham to Wetumpka; Jefferson Tucker Brown, from Birmingham to Riverside, St. Clair county; Shelby Chadwick Carson, from Bessemer to Greensboro; John Thomas Chapman, from Bessemer to Selma; James Pickett Colvin, from New Castle to Eureka, Talladega county; Albert Gallaton Douglas, from Birmingham to Mexico.

Examinations—Jefferson Tucker Brown, mc Birmingham 97, certificate refused; Byron Dozier, mc Barnes 97, cb Jefferson 97, certificate refused; Joseph Edwards, mc Birmingham 97, certificate granted; Ira Jackson Sellers, mc univ Vanderbilt 90, cb 97, certificate granted; George Hamilton Stubbs, mc Southern Medical 95, cb 97, certificate granted.

Deaths—John Calhoun Dozier, mc univ Nashville 58, cb Perry 79, Birmingham; died October 8th, 97, liver disease. William Henry Johnston, mc univ New York 67, cb Dallas 78, Birmingham; died April 3rd, 98, apoplexy. Charles Whelan, mc univ Louisiana 66, cb Hale 78, Birmingham; died October 28th, 97, Brights' disease.

LAMAR COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, J. T. Seay; Vice-President, W. L. Morton; Secretary; D. C. Morton; Treasurer, D. C. Morton; Health Officer, W. F. Elliott. Censors—R. J. Redden, W. L. Morton, T. B. Woods, G. C. Burns, J. R. Harris.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Burns, George Caruthers, mc Ill. Health University 96, cb 78, Vernon.
Barksdale, James Ira, mc univ Vanderbilt 72, cb Tuscaloosa 86, Fernbank.
Bronyon, James A., mc univ Louisville 91, cb 91, Kingville.
Elliott, William Farris, mc univ Louisville (one course) 57, cb 77, Crews.
Harris, John Reed, mc Memphis Hospital 96, cb Jefferson 96, Sulligent,
Hollis, Daniel Dixie, mc phy and surg Baltimore (one course) 84, cb 84, Sulligent.
Kennedy, John Oscar, mc Alabama 82, cb 82, Kennedy.
Morton, William Locke, mc univ. Louisiana 74, cb 77, Vernon.
Morton, Dick Cameron, mc Memphis Hospital 97, cb 97, Vernon.
Redden, Robert James, mc Baltimore 77, cb 77, Sulligent.
Seay, Jeptha Thomas, ng, cb 77, Fernbank.
Turner, Berry Eddly, mc Memphis Hospital 97, cb 97, Richards.
Woods, Thomas Bailey, mc univ Louisville 73, cb Fayette 73, Bell.
Total, 13.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Armstrong, Warren, ng, cb 80, Detroit.
Black, William Anderson, mc Memphis Hospital 95, cb Fayette 95.
Barksbale, G. S., ng, medical student, attended college last year.
Blakeney, Lewis Columbus, mc Alabama 74, cb 77, Millport.
Box, Daniel William, mc Alabama 85, cb 85, Molloy.
Buckalew, Ansel Milbran, mc univ Louisville 70, cb Calhonn 86, Crews.
Collier, Scott, ng, cb 77, Crews.
Collins, Francis Alexander, mc Memphis Hospital 92, cb 62, Blowhorn.
Collins, George Jackson, mc Alabama 74, cb Fayette 84, Kennedy.
Downing, James Henry, mc Memphis Hospital 95, cb 97, Millport.
Horton, John Barkley, mc Memphis Hospital 95, cb 95.
Kennedy, William Henderson, mc univ Nashville 57, cb 77, Kennedy.
Owens, A. C., (illegal), ng, Crews.
Vaughn, George Washington, ng, cb Marion 88, Wafford.
Total, 14.

Moved into the county—James Henry Downing, from Mississippi to Millport.

Moved out of the county—William Arthur Burns, from Verona to Sheffield.

Examinations—James Henry Downing, mc Memphis Hospital 96, certificate granted; Dick Cameron Morton, mc Memphis Hospital 97, certificate granted; Berry Eddley Turner, mc Memphis Hospital 97, certificate granted; Daniel William Williams, mc Memphis Hospital 88, certificate refused.

LAUDERDALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, J. M. Peerson; Vice-President, A. H. Powers; Secretary, C. M. Watson; Treasurer, C. M. Watson; Health Officer, C. M. Watson. Censors—J. A. Pate, L. F. Duckett, Jr.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Crow, Calvin Augustus, mc Jefferson 54, cb 78, Florence.
Duckett, Levi Fowler, Jr., mc univ Nashville 90, cb 94, Cloverdale.
Douglass, James Albert, mc s of m Kentucky 68, cb 88, Center Star.
Hardaway, William Epps, mc univ Nashville 65, cb 87, Florence.
Kennedy, Hiram Raleigh, mc univ Louisville 79, cb 81, Green Hill.
Kernochan, William Jones, mc univ Vanderbilt 79, cb 88, Florence.
Moody, Henry Altamont, mc univ Louisville 65, cb 87, Bailey Springs.
Pate, Jesse Americus, mc univ Louisville 70, cb 87, Rogersville.
Peerson, James M., mc univ Vanderbilt 90, cb 91, Florence.
Powers, Alexander Hamilton, mc univ Louisville 71, cb —, Waterloo.
Price, William Mason, mc univ Nashville 64, cb 87, Florence.
Price, P. J., mc univ Nashville 78, cb 79, Florence.
Scott, George Barbiere, mc Jefferson 90, cb 90, Florence.
Smith, Alexander, —— —, cb —, Lexington.
Sugg, Thomas Jefferson, mc s of m Kentucky 85, cb —— —, Smithsonia.
Watson, Charles McAlpin, mc univ Louisiana 81, cb Greene 81, Florence.
Total, 16.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Arnold, Leonard Waring, mc univ Vanderbilt 82, cb 87, Florence.
Belue, John Columbus, ng, cb 90, Rogersville.
Bramlett, William M., mc univ Nashville 60, cb 87, Florence.
Boyd, P. S., (Homeopathic) mc —— —, cb —, Florence.
Duckett, Levi Fowler, Sr., mc Atlanta 56, cb 87, Florence.
Hannon, Anthony B., —— —, cb —, St. Florian.
Henderson, A. H. —— —, cb —, Bailey Springs.
Lee, J. W., —— —, cb —, Waterloo.

Powell, James, —— —, cb —, Pruitton.
Powell, W., —— —, cb —, Pruitton.
Williams. George, —— —, cb —, Center Star.
Total, 11.

Moved out of the county—J. P. Jones from Lexington to Limestone county.

Death—O. B. Sullivan, Waterloo.

LAWRENCE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, H. B. Burkett; Vice-President, J. W. Edwards; Secretary, W. J. McMahon; Treasurer, W. J. McMahon; Health Officer, W. J. McMahon. Censors—H. B. Burkett, J. W. Edwards, I. W. Fennell, J. R. Howell, L. W. Houston.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Burkett, Henry Bascomb, mc phy and surg Baltimore 78, cb 78, Hillsboro.
Chenault, Calvin Sydney, mc Birmingham 97, cb 97, Mt. Hope.
Edwards, John Wilson, mc univ Louisville 69, cb 78, Courtland.
Etheridge, Benjamin Franklin, mc Memphis 86, cb 86, Town Creek.
Fennell, Isham Watkins, mc univ Nashville 67, cb 78, Courtland.
Houston, John Swann, mc univ Louisville 77, cb 87, Moulton.
Houston, Leonidas Walton, mc univ Nashville 77, cb 78, Town Creek.
Howell, John Robert, mc univ Memphis 88, cb 94, Hatton.
McDonald, Jonathan Robert, mc univ Nashville 67, cb Limestone 78, Courtland.
McGehee, Ephraim Pelham, mc Alabama 94, cb 95, Town Creek.
McMahon, William Jack, mc Long Island 60, s of m New Orleans 61, cb 78, Courtland.
Masterson, John Thomas, mc univ Pennsylvania 72, cb 78, Moulton.
Masterson, Albert Aaron, mc univ Louisville 89, cb 89, Avoca.
Masterson, John Hilliard, mc univ Louisville 89, cb 89, Courtland.
Pitts, James Thomas, mc univ Louisville 86, cb 94, Hillsboro.
Robinson, ——, mc univ St. Louis 72, cb 78, Leighton.
Simms, Edgar Thomas, mc univ Pennsylvania 69, cb 78, Hillsboro,
Total, 17.

Honorary Member.

Rand, Edgar, mc Alabama 78, cb 78, Leighton.
Total, 1.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Burnett, William D., mc —— —, cb —, Basham's Gap.
Gibson, Frank Demetrius, mc univ Nashville 90, cb 92, Moulton.

Jameson, ——, mc—— —, cb —, Landersville.
Knox, ——, mc—— —, Courtland.
Total, 4.

Moved into the county—Marion Matthews Norton, mc Chattanooga 98, Town Creek; Albert Zimmerman, mc Sawanee 97, Step.

Examination—Calvin Sydney Chenault, mc Birmingham 97, certificate granted.

Death—Robert M. Simpson, mc univ Vanderbilt 87, cb 87; died May 1st, 1897, Moulton.

*LEE COUNTY MEDICAL SOCIETY—Huntsville, 1880.

OFFICERS.

President, J. R. Harmer; Vice-President, A. H. Read; Secretary, J. H. Drake, Jr.; Treasurer, J. H. Drake, Jr.; Health Officer, J. G. Palmer. Censors—A. H. Read, J. G. Palmer, A. B. Bennett, J. M. Watkins, J. H. Drake, Jr.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bennett, Abijah Benjamin, mc phy and Surg Baltimore 81, cb 81, Opelika.
Bedell, Robert Bruce, mc South Carolina 54, cb 81, Auburn.
Drake, John Hodges, Sr., mc Atlanta 67,cb 81, Auburn.
Drake, John Hodges, Jr., mc Alabama 91, cb 91, Opelika.
Harmer, Joseph Randolph, mc univ Harvard 73, cb 93, Opelika.
McCoy, Charles Breckinridge, mc phy and surg Baltimore 82, cb 82, Opelika.
McCullough, Hugh, mc Atlanta 95, cb 95, Wacoochee.
Palmer, Jesse Gary, phy and surg Baltimore 84, cb 84, Opelika.
Read, Andrew Hamil, mc Georgia 58, cb Chambers 81, Opelika.
Watkins, James Milton, mc Louisiana and Baltimore 71, cb Tallapoosa 87, Opelika.
Wheeler, William Raleigh, mc Atlanta —, cb —, Beulah.
Total, 11.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bloodworth, Wiley Washington, mc Nashville 69, cb 81, Phœnix City.
Floyd, Ashby, mc univ Louisville 89, cb 95, Phœnix City.
Foreman, Arthur Levin, mc Jefferson 69, cb 81, Loachapoka.
Glass, W. T., mc —, cb —, Phœnix City.
Hanson, William Calvin, mc Atlanta 89, cb Russell 89, Roxanna.
Johnson, Henry Harrison, mc South Carolina —, cb —, Loachapoka.
Love, James Madison, mc South Carolina 54, cb 81, Salem.
Shelton, Menzo David, mc univ Nashville 69, cb 81, Salem.
Stowe, J. N., mc Georgia Eclectic 93, cb 95, Opelika.
Total, 9.

Examination—William Byer Watkins, Bellevue, 1897; certificate granted.

* NOTE.—As no report has been received from Lee county this year, the report of 1897 is here reproduced.

LIMESTONE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Theo. Westmoreland; Vice-President, J. R. Hoffman; Secretary, T. C. Jones; Treasurer, G. A. Williams; Health Officer, W. J. Hagan. Censors—W. J. Hagan, T. C. Jones, G. A. Williams.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Crutcher, John Sims, mc univ Vanderbilt 89, cb 89, Athens.
Dupree, William James, mc univ Vanderbilt 76, cb 79, Westmoreland.
Hoffman, J. R., mc Jefferson 58, cb 98, Athens.
Hagan, William James, mc Jefferson 84, cb 84. Athens.
Jones, Thomas Crittenden, mc univ Louisville 76, cb Lawrence 78, Athens.
Moore, Elisha Dixon, old law 67, cb 78, Petty.
Moore, Mack, mc Atlanta 90, cb 90, Petty.
Pettus, Benton Sanders, mc univ Vanderbilt 92, cb 92, Pettusville.
Pettus Joseph Albert, mc univ Nashville 67, cb 77, Elkmont.
Rankin, James Caffield Mitchell, mc univ Nashville 58, cb 78, Belle Mina.
Westmoreland, Theophilus, mc univ Nashville 56, cb 79, Athens.
Wilkinson, Milton Roil, mc univ Nashville 80, cb 98, Westmoreland.
Williams, George Allen, mc univ Nashville 80, cb 81, Athens.
York, Seaborn Edward, mc univ Louisville 78, cb 84, Athens.
Total, 14.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carter, James Jackson, mc —— —, cb 78, Bessemer.
Collins, James Marshall, mc —— —, cb 78, Cartwright.
Gaston, Alfred Langdon, mc univ Vanderbilt 91, cb 91, Gilbertsboro.
Hill, Henry Willis, mc univ New York 49, cb 77, Mooresville.
Hill, James W., mc univ Vanderbilt 84, cb 84, Mooresville.
Wallace, Nicholas Blackburn, mc Cincinnat 51, cb 78, Petty.
Wilson, Felix Grundy, mc univ Nashville 65, cb 76, Elkmont.
Total, 7.

Moved into the county—J. R. Hoffman, from Hot Springs, Ark., to Athens.

Deaths—McDonald Logwood, mc univ Vanderbilt 92, cb 92, Athens.

LOWNDES COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, W. P. Russell; Vice-President, W. L. Buford; Secretary, C. E. Marlette; Treasurer, C. E. Marlette; Health Office, C. W. Powell. Censors—C. W. Powell, W. P. Russell, A. D. Coleman, S. W. Purifoy, S. A. Gordon.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Buford, William Lewis, mc ———, —, cb 78, Mt. Willing.
Carr, George Washington Lafayette, mc univ Pennsylvania 55, cb 78, Fort Deposit.
Cilly, Philip Noble, mc univ Louisiana 48, cb 78, Lowndesboro.
Coleman, Aurelius Daniel, mc Alabama 80, cb 85, Mt. Willing.
Crum, William Barton, mc Alabama 88, cb 88, Farmersville.
Dilburn, Samuel George, mc Alabama 75, cb 78, Bragg's Store.
Gordon, Samuel A., mc Alabama 95, cb 95, Collirene.
Harrison, King W., mc Alabama 96, cb 97, ————
Hopping, Daniel Stiles, mc Jefferson 52, cb 78, Letohatchie.
Marlette, Cyrus Edmund, mc univ Louisville 80, cb 91, Hayneville.
McQueen, Samuel Thomas, mc univ Pennsylvania 55, cb 78, Ft. Deposit.
McRea, Abraham Cruzer, mc univ Pennsylvania 50, cb 78, Lowndesboro.
Powell, Clifton Woodruff, mc Alabama 91, cb 91, Letohatchie.
Powell, Charles William, mc Alabama 90, cb 90, Lowndesboro.
Powell, George N., mc Alabama 97, cb 97, Hickory Grove.
Purifoy, Seaborn William, mc s of m Kentucky 94, cb Lowndesboro 94, Tuscaloosa.
Russell, William Payne, mc Atlanta 91, cb 91, Hayneville.
Sanderson, Edwin Lewis, mc Jefferson 57, cb 78, Letohatchie.
Sellers, Joel Carter, mc Vanderbilt 94, cb Crenshaw 94, Hayneville.
Snow, Charles Henry Clay, mc univ Tennessee 83, cb 83, Bragg's Store.
Stephens, Dudley D., mc Alabama 95, cb Dale 95, Judge's Siding.
Weatherly, Charles Taliaferro, mc Atlanta 74, cb 85, Benton.
Weaver, William Calvin, mc univ Tennessee 83, cb 83, Ft. Deposit.
Winnemore, Samuel Eggleston, mc univ New York 56, cb 78, Benton.
Total, 24.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bruner, Oliver Glenn, mc Alabama 76, cb 78, Ft. Deposit.
Peake, Samuel Taylor, mc univ Vanderbilt 83, cb 83, Benton.
Reese, Charles Edwin, mc univ Jefferson 56, cb 78, Lowndesboro.
Total, 3.

Examinations—King W. Harrison, mc Alabama 96, certificate granted. George Norman Powell, certificate granted. Cyrus N. Coleman, mc Alabama 97, certificate granted.

Deaths—John Hamilton Russell, mc Georgia Reform 56, cb 78, Sandy Ridge. Cyrus N. Coleman.

MACON COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, J. P. Watkins; Vice-President, J. T. May; Secretary, P. Reynolds; Treasurer, J. C. Baldwin; Health Officer, M. M. Smith. Censors—L. W. Johnston, P. Reynolds, J. S. Lighfoot, F. M. Letcher, A. T. Colley.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Baldwin, James Crews, mc Baltimore 93, cb 94, Borom.
Colley, Aaron Thomas, mc univ Louisville 94, cb Pike 94, Notasulga.
Johnson, Louis William, mc Alabama 89, cb 89, Tuskegee.
Letcher, Francis Marion, mc univ Louisiana 61, cb 79, Shorter's.
Letcher, Joseph Bozeman, mc univ Tulane 97, cb 98, Shorter's.
Lightfoot, John Steele, mc univ Nashville 68, cb 78, La Place.
May, Thomas Jefferson, mc Alabama 91, cb 91, Notasulga.
Reynolds, Petit, mc Alabama 97, cb 97, Warrior Stand.
Smith, Milton Magruder, mc univ Louisville 91, cb Jefferson 91, Tuskegee.
Watkins, James Preston, mc phys and surg Baltimore 97, cb Lee 97, Society Hill.
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Aikens, John Calhoun, mc Graffenburg 46, cb Tallapoosa 78, Notasulga.
Gautier, William James, mc univ Pennsylvania 50, cb 79, Tuskegee.
Kennebrew, A. H., (colored), mc Meharry 97, cb 97, Tuskegee.
Reynolds, William Alexander, mc South Carolina 52, cb 79, Warrior Stand.
Sistrunk, John, mc univ New York 59, cb 79, Society Hill.
Wood, George Pierce, mc Memphis 90, cb 90, Tuskegee.
Total, 6.

Moved into the county—James Preston Watkins, from Opelika, to Society Hill.

Moved out of the county—Charles LeRoy Boyd, from La Place, to Troy, Pike county; Samuel H. Washington, (col.) from Tuskegee, to Birmingham.

Examinations—Petit Reynolds, mc Alabama 97, certificate granted; Joseph Bozeman Letcher, mc univ Tulane 97, certificate granted.

Deaths—Thaddeus Warsaw Brunson, mc univ Pennsylvania 47, cb 79, Society Hill.

MADISON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, F. E. Baldridge; Vice-President, W. T. Pride; Secretary, H. D. Westmoreland; Treasurer, O. J. Brooks; Health Officer, R. M. Fletcher, Jr. Censors—J. T. Johnson, W. C. Wheeler, I. W. Patton, T. E. Dryer, W. P. Pettus.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Allen, Alfred Sidney, mc Alabama 81, cb Tuscaloosa 88, Meridianville.
Baldridge, Felix Edgar, mc univ Tulane 94, cb 95, Huntsville.
Blanton, Charles Edgar, mc univ Vanderbilt, 82, cb 82, New Market.
Brooks, Osceola Judkins, mc univ Tulane, 93, cb Elmore 93, Huntsville,
Burke, James Pickens, mc univ Pennsylvania 53, cb 78, Huntsville.
Burwell, Edward D., mc s of m Kentucky 78, cb 78, Huntsville.
Carpenter, James Allen, mc Alabama 96, cb 96, New Hope.
Crutcher, John Sims, mc univ Vanderbilt 89, cb Limestone 89, Center Hill.
Darwin, James Lanier, mc Bellevue 88, cb 90, Huntsville.
Dryer, Thomas Edwin, mc Alabama 86, cb Macon 86, Huntsville.
Erskine, Albert Russell, mc univ Pennsylvania 51, cb 78, Huntsville.
Fletcher, Richard Matthew, Sr., mc univ Pennsylvania 54, cb 78, Madison.
Fletcher, Richard Matthew, Jr., mc Alabama 94, cb 94, Huntsville.
Graham, B. Emmett, mc univ Nashville 96, cb Jackson 97, Gurley.
Haden, William Wright, mc univ Vanderbilt 90, cb 92, Owens Cross Roads.
Haney, Julius Tilman, mc Alabama 91, cb Colbert 92, Madison.
Heffiefinger, Marion Lorrain, mc s of m Kentucky 94, cb 95, Huntsville.
Johnson, James Thomas, mc univ Maryland 48, cb 88, Huntsville.
Layman, John Marion, mc univ Nashville 70, cb 87, Maysville.
Lipscomb, Albin Willshire, mc univ Nashville 96, cb 96, New Market.
Lowry Samuel Hickman, mc Bellevue 73, cb 78, Huntsville.
McDonnell, Henry, mc univ Louisiana 68, cb 78, Huntsville.
Patton, Irvine W., mc univ Virginia 95, cb 96, Huntsville.
Pettus, Claude, mc univ Vanderbilt 96, cb Limestone 96, Rep.
Pettus, William David, mc univ Vanderbilt 68, cb 78, Rep.
Pride, William T., mc univ Tulane 95, cb 95, Madison.
Taylor, Frederick Morse, mc Michigan 85, cb 95, Huntsville.

Westmoreland, Hawkins Davenport, mc univ Vanderbilt 92, cb Limestone 93, Huntsville.

Wheeler, William Camp, mc Bellevue 62, cb Colbert 81, Huntsville.

Total, 29.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brouillette, Pierre Lawrence, mc Ohio 71, cb 84, Huntsville.

Burnett, William, mc univ Vanderbilt 90, cb 97, Huntsville.

Cochran, Robert E (botanic), mc Memphis 86, cb 78, Wanderer.

Duffield, Alfred Manley, (homeopathic) mc univ Boston 85, cb Mobile 85, Huntsville.

Farley, John Benton, mc univ Vanderbilt 86, cb 86, Farley.

Flint, James C., mc univ Louisville 78, cb 78, Gurley.

Glover, Anthony Natalie, mc univ Nashville 87, cb 87, Owens Cross Roads.

Hatcher, Archie Wood, mc——— —, cb 82, Hazel Green.

Hensley, William Thomas, mc univ Nashville 78, cb 78, Triana.

Hertzler, John (homeopathic), mc univ Nashville 78, cb 82, Triana.

Hinds, Bryon William, mc univ Nashville 66, cb 78, New Hope.

Johnson, Henry Rayburn, mc univ Nashville 87, cb Marshall 87, New Hope.

Macon, Joseph Sumter, mc Atlanta 80, cb 80, Bell Factory.

McKelvy, William C., mc ——— —, cb 88, Dollar.

Scruggs, Burges E. (col.), mc univ Nashville 79, cb 79, Huntsville.

Shelby, Anthony Bowling, ——— —, cb 78, Huntsville.

Talliaferro, C. D., ——— —, cb 86, New Market.

Watts, John Parks, mc univ Louisville 73, cb 78, Huntsville.

Total, 18.

Moved into the county—B. E. Graham, from Paint Rock Jackson county to Gurley.

Moved out of the county—J. S. Crutcher, from Center Hill to Athens, Limestone county.

Examinations—W. H. Burritt, mc univ Nashville 90, certificate granted

Deaths—Lewis Charlton Pyncheon, mc Jefferson 52, cb 78, Huntsville, of apoplexy; Elias DeKalb Lipscomb, mc——— —, state board 87, New Market, of pneumonia.

MARENGO COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, J. H. George; Vice-President, W. S. Tucker; Secretary, A. P. McArthur; Treasurer, J. B. Whitfield; Health Officer, W. L. Kimbrough. Censors—J. H. George, E. Studwick, R. B. McCants, J. R. Goodloe, W. L. Kimbrough.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Abrahams, James Armistead, mc Alabama 92, cb 92, Demopolis.
Foscue, Francis Lewis, mc Jefferson 84, cb Perry 85, Demopolis.
George, James Hosea, mc South Carolina —, cb 78, Linden.
Goodloe, John Russell, mc univ Vanderbilt 93, cb Sumter 94, Demopolis.
Hand, Samuel Patton, mc univ Louisiana 83, cb Sumter 83, Demopolis.
Kimbrough, William Leonard, mc univ Louisiana 83, cb 93, Linden.
Lockhart, William Crocheron, mc Alabama 89, cb 89, Dayton.
McArthur, Andrew Patterson, mc Alabama 85, cb Mobile 85, Rembert.
McCants, Robert Beall, mc Georgia Southern 82, cb 82, Demopolis.
Moseley, Daniel Coleman, mc Alabama 88, cb —, Faunsdale.
Smith, Seth Davis, mc univ Louisiana 54, cb 78, Demopolis.
Stone, Augustus Bosworth, mc Alabama 86, cb Baldwin 86, Linden.
Strudwick, Edmond, mc Jefferson, 57, cb 78, Dayton.
Thomas, Charles Brooks, mc Atlanta Southern 83, cb 83, Thomaston.
Tucker, William Sidney, mc s of m Kentucky 90, cb 93, Luther's Store.
Whitfield, Charles Boaz, mc ;phys and surg New York 71, cb 78, Demopolis.
Whitfield, George, mc univ Pennsylvania 58, cb 78 Old Spring Hill.
Whitfield, James Bryan, mc univ Pennsylvania 67, cb 82, Jefferson.
Wilson, Isom Griffin, mc univ Louisiana 58, cb Dallas 78, Demopolis.
Total, 19.

Honorary Members.

Evans, Josiah Thomas, mc Jefferson 67, cb 78, Myrtlewood.
King, S. S., mc ——— —, cb —, McKinley.
Total, 2.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bettis, Thomas Jefferson, mc univ Louisville 61, cb 84, Nicholsville.
Cole, William W., mc Pennsylvania 50, cb —, Jefferson.
Drummond, William Fletcher, mc Maryland 47, cb 72, Dayton.
Gillespie, Robert Clanton, mc univ Louisville 83, cb 83, Putnam.
Jones, James D., mc Alabama 94, cb 94, Sweet Water.
McCorkle, Thomas James, mc Alabama 83, cb 83, Siddonsville.
Nichols, J. E., mc Alabama 91, cb —, Nicholsville.
Pegram, William Edward, old law 44, cb 79, Dayton.
Poellnitz, Benjamin Bruno, mc univ Louisiana 47, cb 86, Rembert.
Ruffin, James Sterling, mc univ Pennsylvania 49, cb 78, Demopolis.
Skinner, John S., mc Alabama 97, cb 96, Shiloh.
Slade, Henry, mc Alabama 72, cb 87, Magnolia.
Stone, Sardine Graham, mc Alabama 87, cb Calhoun 87, Nanafalia.
Wood, John Hackworth, mc Alabama 86, cb 86, Dixon's Mills.
Total, 14.

Moved into the county—James D. Jones, from ———to Sweet Water; James A. Abrahams, from Mobile to Demopolis; Samuel A. Hand, from Perry county to Demopolis.

Moved out of the county—John W. Todd, from Faunsdale to Marvin.

Deaths—William Howard Allen, mc univ Louisville 82, Sweet Water; Edward Corrie Howe Bailey, mc univ Virginia 48, Demopolis.

MARION COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, A. L. Moorman; Vice-President, T. J. Springfield; Secretary, J. C. Johnson; Treasurer, M. C. Martin; Health Officer, T. J. Springfield. Censors—T. J. Springfield, J. C. Johnson, A. L. Moorman, M. C. Martin, K. B. Goggans.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Burleson, J. Rufus, mc Memphis 97, cb 97, Hamilton.
Clark, William Felin, ng, cb 88, Hamilton.
Goggans, Kimbro B., mc Memphis 93, cb 93, Hackleburg.
Holladay, Walter Scott, ng, cb 88, Bexar.
Johnson, John Carroll, mc Louisville 92, cb Fayette 92, Glen Allen.
Martin, Middleton C., ng, cb 88, Hamilton.
Moorman, Achilles Lucius, ng, cb 88, Bexar.
Palmer, Benjamin L., ng, cb 88, Hamilton.
Springfield, Thomas Jefferson, old law, cb Lamar 78, Guin.
Williams, Wiley L., ng, cb 93, Guin.
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Cochran, William Jefferson, ng, cb 88, Goldmine.
Earnest, James Franklin, ng, cb 88, Winfield.
Howell, James William, ng, cb 88, Knowle.
Morton, T. B, mc Chattanooga —, cb —, Winfield.
Total, 4.

Moved out of the county—William Lucius May, from Guin to Sandusky.

Examinations—J. Rufus Burleson, mc Memphis 97, Hamilton, certificate granted; William Lucius May, mc Memphis 97, certificate granted; J. P. Phillips, certifficate granted; Henderson L. Holman, certificate granted.

Death—William R. Griffin, mc Chattanooga —, cb Fayette 97, Hamilton.

MARSHALL COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, T. A. Casey; Vice-President, S. M. Elrod; Secretary, M. P. Stephens; Treasurer, D. A. Morton; Health Officer, J. J. McGahey. Censors—T. A. Casey, M. F. Patterson, W. P. Hall, P. B. Lusk, D. A. Morton.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Boggess, Joseph W., mc univ Vanderbilt 92, cb 93, Columbus City.
Casey, Thaddeus Alonzo, mc univ Vanderbilt 91, cb 91, Albertville.
Davis, Samuel J., mc Atlanta 82, cb Randolph 82, Albertville.
Emerson, J. F., univ Grant 94, cb 94, Albertville.
Elrod, Samuel M., mc univ Vanderbilt 94, cb DeKalb 94, Boaz.
Hall, William Pressley, mc Atlanta 86, cb 91, Hyatt.
Lusk, Phocion B., mc ——— —, cb 91, Guntersville.
Lowery, John, ng, cb 86, McLarty.
McGahey, Joseph Jefferson, mc ——— —, cb 86, Columbus City.
Morton, David A., mc univ Grant 96, cb 96, Boaz.
Machen, Frank H., mc univ Grant 94, cb 98, Mid.
Noel, William Lewis, ng, cb 86, Boaz.
Patterson, Millard Filmore, mc univ Vanderbilt 93, cb 93, Mid.
Stephens, Miles P., mc univ Grant 94, cb Blount 94, Whitesville.
Scarbrough, William M., ng, cb Clay 87, Albertville.

Total, 16.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Barnard, Joseph Woodville, mc Alabama 97, cb 97, ——.
Boyd, J. W., mc Atlanta —, cb —, Boaz.
Dodd, J. T., illegal.
Jorden, D. C., mc ——— —, cb —, Guntersville.
Jackson, ——, mc ——— —, cb —, Guntersville.
Patterson, J. J., mc ——— —, cb —, Marshall.
Segers, G. W., Illegal.

Total, 7.

Moved into the county—P. B. Lusk, from New York to Guntersville; J. J. Patterson, from Mississippi to Marshall P. O.; J. F. Emerson, from Georgia to Albertville; Frank H. Machen, from Texas to Mid.

Moved out of the county—Riddle, from Albertville to ——.

Examinations—J. F. Emerson, mc Grant 94, certificate granted; Frank H. Machen, mc Grant 94, certificate granted; Joseph Woodville Barnard, mc Alabama 97, certificate granted.

Deaths—William Levi Thomason, mc Nashville 71, cb Blount 86, Guntersville.

MOBILE COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, D. W. Goodman; Vice-President, T. H. Frazer; Secretary, G. H. Fondé; Treasurer, J. G. Thomas; Health Officer, P. J. M. Acker. Censors—G. A. Ketchum, J. G. Thomas, S. R. Olliphant, G. Owen, V. P. Gaines.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Acker, Paul Jerome Morris, mc Alabama 92, cb 92, Mobile.
Bondurant, Eugene DuBose, mc univ Virginia 88, cb Hale 83, Mobile.
Crampton, Orson Lucius, mc Bellevue 65, cb 88, Mobile.
Festorazzi, Angelo, mc Alabama 87, cb 87, Mobile.
Fondé, George Heustis, mc Alabama 97, cb 97, Mobile.
Fondé, Keith, mc Alabama 94, cb 94, Citronelle.
Frazer, Tucker Henderson, mc Alabama 85, cb Lee 88, Mobile.
Gaines, Vivian Pendleton, mc Alabama 72, phy and surg New York 78, cb Choctaw 79, Mobile.
Glass, Parker Josiah, mc Alabama 84, cb 95, Mobile.
Goldthwaite, Henry, mc Alabama 96, cb 96, Mobile.
Goode, Rhett, mc Alabama 71, cb 78, Mobile.
Goodman, Duke Williams, mc univ Louisiana 91, cb 92, Mobile.
Hendon, James Jefferson, mc Alabama 86, cb 86, Mobile.
Hirshfield, Henry Phillips, mc univ Pennsylvania 78, cb 78, Mobile.
Inge, Henry Tutwiler, mc univ New York 83, cb 83, Mobile.
Inge, James Tunstall, mc univ New York 94, cb 94, Mobile.
Inge, Richard, mc univ New York 71, mc univ Virginia 79, cb Hale 78, Mobile.
Jackson, William Richard, mc Alabama 88, cb 88, Mobile.
Ketchum, George Augustus, mc univ Pennsylvania 46, cb 78, Mobile.
Klebs, Arnold C., mc univ Basel, Switzerland, 93, cb 95, Citronelle.
Maréchal, Edwin Leslie, mc Alabama 70, cb Baldwin 86, Mobile.
Mohr, Charles A., mc Alabama 84, cb 92, Mobile.
Mohr, Herman Brent, mc Alabama 91, cb 92, Mobile.
McCarty, Miles Edward, mc Alabama 73, cb 78, Whistler.
Olliphant, Samuel Rutherford, mc univ Louisiana 55, cb 78, Mobile.
Owen, Calvin Norris, mc Alabama 88, cb 88, Mobile.
Owen, Goronway, mc univ Pennsylvania 57, cb 78, Mobile.
Pape, William Barnemore, mc Alabama 82, cb Wilcox 82, Mobile.
Peters, Robert Henry, mc Alabama 94, cb Wilcox 94, Mobile.
Porter, Ira Webster, mc Alabama 92, cb Wilcox 92, Mobile.
Pugh, Sidney Stewart, mc univ Louisiana 89, cb Clark 89, Mobile.
Sanders, William Henry, mc Jefferson 62, cb 78, Mobile.
Scales, Thomas Sidney, mc phy and surg New York 67, cb 78, Mobile.
Scales, Willis West, mc Alabama 96, cb 96, Mobile.
Sledge, William Henry, mc Alabama 80, cb 80, Mobile.

Tam, Silas Springer, mc Alabama 94, cb 94, Mobile.
Terrill, Joshua D., mc Ohio 85, cb 92, Mobile.
Thomas, James Grey, mc univ Pennsylvania 56, cb 78, Mobile.
Woodcock, Burgett, mc Alabama 96, cb 97 Mobile.
Wright, Ruffin Ashe, mc univ Virginia 90, cb Sumter 90, Mobile.
Total, 40.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Blewitt, Means, mc———, cb———, Citronelle.
Clarke, W. H., mc Alabama —, cb——, Whistler.
Campbell, Douglas G., mc Alabama 96, cb 96, Mobile.
Dantzler, J. P , mc———, cb———, St. Elmo.
Dickson, T. Aubrey, mc univ Tulane 92, cb Montgomery 92, Mobile.
Edmunds, Samuel C., mc univ Louisville 56, cb Mobile 92, Spring Hill.
Edwards, William, mc Alabama 80, cb———, Bayou La Batre.
Gaines, Marion Toulaine, mc Pennsylvania 90, cb 92, Mobile.
Hall, Alexander P., mc univ Louisiana 59, cb 78, Mobile.
Harris, Oliver H., mc Alabama 95, cb 96, Mobile.
Hawley, John B., mc —— —, cb —, Mobile.
Howard, Percy J., mc Alabama 96, cb 96, Mobile.
Henderson, William Thomas, mc Detroit 96, cb 97, Mobile.
Johnston, David Elijah, mc Georgia 68, cb 78, Mobile.
Lea, William Jones, mc Alabama 86, cb 86, Mobile.
Lyon, George G., mc Pulte (Homeopathic) 88, cb —, Mobile.
McKaig, Frisby Tilghman, mc Alabama 90, cb 92, Mobile.
Macy, Robert Charles, mc Alabama 87, cb 87, Mobile.
Malay, Ranney Phelps, mc Alabama 84, cb Elmore 84, Whistler.
Mastin, Claudius Henry, Sr., mc univ Pennsylvania 49, cb 78, Mobile.
Mastin, Claudius Henry, Jr., mc univ Pennsylvania 84, cb 84, Mobile.
Mastin, William McDowell, mc univ Pennsylvania 74, cb 78, Mobile.
Michael, Jacob G., mc Virginia 60, cb 78, Citronelle.
Murray, R. S., (Surgeon U. S. Marine Hospital), Mobile.
Myers, Augustus P., mc St. Louis (Homeopathic) 88, cb—, Mobile.
Roemer, Francis John Baptiste, mc univ Louisiana 36, cb 78, Spring Hill.
Roe, Charles K., mc —— —, cb —, Mobile.
Sawyer, Julian E., mc univ Louisville 96, cb Geneva 96, Mobile.
Sheldon, George Augustus, mc Alabama 92, cb 92, Mobile.
Sherard, Frank Rass, mc univ Pennsylvania 94, cb 94, Mobile.
Strong, Allen L. (colored), mc Howard 85, cb Dallas 85, Mobile.
Ward, Alfred G., Jr., mc Alabama 94, cb 94, Mobile.
Ward, William G., Jr., mc 95, cb 95, Mobile.
Total, 33.

Moved into the county — William T. Henderson, to Mobile; Eugene D. Bondurant, from Tuscaloosa to Mobile; Ruffin A. Wright,

from Tuscaloosa to Mobile; George I. Izard, from Meridian, Miss., to ———; John B. Hawley, from ——— to ———.

Moved out of the county--James A. Abrahams, to Demopolis; E. L. Jones, to Cumberland, Md.; Neil McKinnon, to Canada; R. D. Palmer, to Wilcox county; F. A. Webb, to Calverts.

Examinations—George Hiram Wilkerson (colored), mc Meharry, certificate granted; William T. Henderson, mc Detroit, certificate granted; Samuel Swift Boykin, mc Alabama 96, certificate granted; George Heustis Fondé, mc Alabama 97, certificate granted; Burgett Woodcock, mc Alabama 96, certificate granted.

Deaths—George Huggins Fowler, mc univ Pennsylvania 61, cb 78; died October 20, 1897. William Paton, mc Alabama 76, cb Wilcox 78; died March 17, 1898.

MONROE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, F. S. Daily; Vice-President, J. W. Rutherford; Secretary, J. M. Wiggins; Treasurer, J. M. Wiggins; Health Officer, J. M. Wiggins. Board of Censors—F. S. Daily, W. M. Hestle, W. A. Stallsworth, F. M. Mason.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Abernathy, William Henry, mc Transylvania 48, cb 77, Tinela.
Betts, William Franklin, mc univ Louisville, 93, cb 95, Burnt Corn.
Bizzelle, Clarence Eugene, mc univ Vanderbilt 93, cb 98, Monroeville.
Busey, John, mc Alabama 94, cb 94, Jones' Mill.
Burroughs, William Monroe, mc South Carolina 59, cb 77, Pineville.
Chapman, William Rufus, mc Georgia Reform 79, cb 79, Simpkinsville.
Daily, Fielding Straughn, mc Alabama 71. cb 77, Kempville.
Gailard, George Walter, mc univ Louisville 82, cb 83, Perdue Hill.
Hestle, William Monroe, mc Alabama 85, cb 85, Buena Vista.
Mason, Francis Henry, mc Alabama 91, cb 91, Tinela.
Mason, William Joseph, mc Atlanta 84, cb Wilcox 84, Activity.
Rutherford, James Wallace, mc Alabama 93, cb 93, River Ridge.
Scott, Gladin Goren, mc univ Louisville 85, cb 85, Mt. Pleasant.
Sowell, James Lawrenee, mc univ Tulane 91, cb 91, Monroeville.
Stallsworth, William Allen, mc Alabama 93, cb 93, Pineville.
Wiggins, James Monroe, mc Alabama 78, cb 78, Monroeville.
Total, 16.

Moved out of the County—J. T. Russell, from Monroeville to Evergreen.

Deaths—Hugh C. Bradley; died of apoplexy. James Samuel Jenkins; died of old age. Joseph Weatherford Shomo, mc univ Transylvania 55, cb 77, Mt. Pleasant.

MONTGOMERY COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, I. L. Watkins; Vice-President, R Goldthwaite; Secretary, R. N. Pitts; Treasurer, R. M. Davis; Health Officer, S. Bragg. Censors—L. L. Hill, J. L. Gaston, G. Andrews, M. L. Wood, R. F. Michel.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Anderson, John Mordecai, mc univ City New York 91, cb 91, Montgomery.
Andrews, Glenn, mc univ City N. Y. 86, cb 86, Montgomery,
Baldwin, Benjamin James, mc Bellevue 77, cb 83, Montgomery.
Bibb, William George, mc univ Vanderbilt 78, cb 78, Montgomery.
Bragg, Shirley, mc Alabama 75, cb Lowndes 79, Montgomery.
Chapman, Benjamin Sidney, mc univ City New York 92, cb 92, Montgomery.
Davis, Robert Meritt, mc univ Tulane 95, cb Autauga 95 Montgomery.
Dean, Thomas Joseph, mc univ Louisville 94, cb 94, Mathews.
Douglass, James, mc South Carolina 57, cb 78, Montgomery.
Gaston, John Brown, mc univ Pennsylvania 55, cb 78, Montgomery.
Gaston, Joseph Lucius, mc phy and surg New York 85, cb 88, Montgomery.
Goldthwaite, Robert, mc Bellevue 93, cb 94, Montgomery.
Haigler, James Robert, mc Alabama 97, cb 97, Montgomery.
Henry, John Hazzard, mc Philadelphia 51, cb Dallas 79, Montgomery.
Hill, Luther Leonidas, mc univ City New York 81, cb Jefferson 81, Montgomery.
Hill, Robert McCullough, mc univ City New York 60, cb 78, Mt. Meigs.
Hill, Robert Sommerville, mc univ City New York 91, cb 91, Montgomery.
Hogan, Samuel Mardis, mc univ Louisville 73, cb Bullock 80, Montgomery.
Hunter, John James, mc Alabama 81, cb Coosa 83, Montgomery.
Jackson, Walter Clark, mc univ Pennsylvania 52, cb 78, Montgomery.
Kirkpatrick, Milton Barnes, mc univ Tulane 96, cb Crenshaw 96, Montgomery.
Law, William Lamar, mc univ Tulane 94, cb Dallas 95, Montgomery.
Mason, Joseph Crump, mc Bellevue 81, cb 81, Snowdoun.
McCrummin, Norman Henry, mc univ Vanderbilt 84, cb 85, Ramer.
Michel, Richard Frazer, mc South Carolina 47, cb 78, Montgomery.
Naftel, Jesse Holmes, mc Alabama 87, cb 87, Montgomery.
Naftel, St. John, mc univ Vanderbilt 79, cb 80, Naftel.
Owen, Pascal Harrison, mc univ City New York 59, cb Lowndes 78, Montgomery.

Pearson, Benjamin Rush, mc Alabama 81, cb 81, Montgomery.
Persons, Henry Stanford, mc univ Virginia 93, cb Lee 94, Montgomery
Pitts, Robert Newton, mc Atlanta 90, cb Russell 90, Montgomery.
Pollard, Charles Teed, mc univ Tulane 97, cb 98, Montgomery.
Powell, Claudius William, mc Alabama 88, cb 88, Fleta.
Robinson, Louis Dominick, mc univ Tulane 96, cb 96, Montgomery.
Sadler, John Milton, mc univ Louisiana 73, cb Perry 78, Montgomery.
Steiner, Samuel Jackson, mc univ Vanderbilt 79, cb Butler 79, Montgomery.
Stevenson, Forney Caldwell, mc phys and surg New York 93, cb Calhoun 93, Montgomery.
Sturm, Max, mc Ohio 89, cb Autauga 95, Montgomery.
Thigpen, Charles Alston, mc univ Tulane 88, cb Butler 88, Montgomery.
Thigpen, Francis Marion, mc univ Tulane 91, cb Butler 91, Montgomery.
Thorington, Thomas Chilton, mc univ Tulane 94, cb 94, Montgomery.
Waller, George Platt, mc univ City New York 92, cb 92, Montgomery.
Watkins, Isaac Lafayette, mc Bellevue 78, cb Bullock 86, Montgomery.
Wilkerson, Wooten Moore, mc univ City New York 80, cb Perry 80, Montgomery.
Wilkinson, Henry Bookman, mc univ Virginia 94, cb Tuscaloosa 95, Montgomery.
Wood, Milton LeGrand, mc Bellevue 77, cb 84, Montgomery.
Total, 46.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Brown, James Mack, mc Alabama 89, cb 89, Sellers.
Battle, H. E., mc———, Pine Level.
Calloway, James Wesley, mc univ Vanderbilt 81, cb 82, Snowdoun.
Cutts, William Parsons, ng, old law, Chambers.
Davis, Leroy W., mc Georgia 57, cb 78, Morganville.
Dennis, Andrew Jackson LaFayette, mc Atlanta 90, cb Chilton 94, Montgomery.
Duncan, Thomas, mc Alabama 92, cb 92, Mount Carmel.
Dungee, Alfred Coleman (colored), mc Howard 89, State Board 91, Montgomery.
Grimes, Erasmus Darwin, mc univ Louisville 66, cb 77, Barachias.
Harris Andrew Jackson, mc ——, cb —— 85, Stoddard.
Jackson, Edward Beatty, mc Alabama 85, cb 85, Ramer.
Johnson, Oscar, mc Alabama 96, cb Pike 96, Downing.
Kendrick, William Toulmin, mc Atlanta 76, cb Butler 78, Montgomery.
Kirk, Eben Bell, mc Alabama 85, cb 85, Montgomery.
McDade, James, mc Georgia 72, cb 78, Waugh.
McLean, Frank, mc univ Louisville 66, cb 78, Hope Hull.

Means, Thomas Alexander, mc Atlanta 57, cb 78, Montgomery.
Merriwether, James L., mc ——, cb ——, Mathews.
Mitchell, Julius Shuford, mc univ Vanderbilt 94, cb 98, Montgomery.
Montgomery, Arthur Hugh, mc Atlanta 98, cb 98, Montgomery.
Nicholson, John Cogburn, mc Jefferson 55, cb 79, Mt. Meigs.
Patterson, Daniel S., mc ——, cb ——, Montgomery.
Rushing, Thomas Elbert, mc Alabama 90, cb 91, Pike Road.
Sadler, William F. mc phy and surg Baltimore 91, cb Autauga 91, Montgomery.
Sankey, George L., mc univ Louisville 77, cb 78, Tharin.
Sankey, John Thomas, mc ——, cb 78 (retired), Tharin.
Scott, David H. C. (colored), Nashville 95, cb Jefferson 95, Montgomery.
Stone, Henry Llewellen, univ Maryland 68 (retired), Montgomery.
Townsend, A. F., mc ——, cb ——, Pine Level.
Townsend, J. B., mc——, cb ——, Pine Level.
Watson, Van Buren, mc Kentucky 78, cb 78, Strata.
Total, 31.

Moved into the County—Andrew Jackson LaFayette, Dennis to Montgomery; Julius Shuford Mitchell, to Montgomery; H. B. Wilkinson, to Montgomery; Charles T. Pollard, to Montgomery; R. M. Davis, to Montgomery; James R. Haigler, to Montgomery; Arthur H. Montgomery, to Montgomery.

Moved out of the county—J. S. Beard, moved to Troy, Ala.; J. T. Sellers, moved to Lowndes county; S. L. Taylor, moved to New York; S. A. Billing, moved to New York; J. H. Abraham, moved to ———.

Examinations—Charles T. Pollard, mc univ Tulane 97, certificate granted. Julius Shuford Mitchell, mc univ Vanderbilt 94, certificate granted. James Robert Haigler, mc Atlanta 97, certificate granted. Samuel Aydelotte Billing, mc Bellevue 97, certificate granted. Joseph Henry Abraham, mc univ Virginia 94, certificate granted.

Deaths—Samuel Dibble Seelye, mc univ City New York 55, cb 78, Montgomery; James Reid Jordan, mc univ Maryland 84, cb 84, Montgomery; Cornelius Nathaniel Dorsette (colored), mc univ Buffalo 83, cb 84, Montgomery.

*MORGAN COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, W. C. Buckley; Vice-President, R. B. Sherrill; Secretary, E. J. Conyngton; Treasurer, E. J. Conyngton; Health Officer, S. L. Rountree. Censors—M. W. Murray, W. C. Buckley; W. L. Dinsmore, S. L. Rountree, E. C. Rosamond.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barclift, Willis Anderson, mc univ Tennessee 78, cb 79, Hartselle.
Buckley, Walter Corbitt, mc phy and surg New York 85, cb 87, Decatur.
Conyngton, Enoch James, mc St. Louis 83, cb 87, Decatur.
Cook, W. H., mc ——, cb —, Falkville.
Cross, Shadrack Eugene, mc univ Louisville 72, cb Lauderdale 87, Decatur.
Dinsmore, William Louis, mc univ Vanderbilt 81, cb Lawrence 82, Decatur.
Hunter, Felix Burwell, mc univ Vanderbilt 81, cb Lawrence 86, Falkville.
Murray, Michael William, mc univ McGill, Montreal, Canada 90, cb 90, New Decatur.
Rosamond, Ethbert Cole, mc univ Louisville 91, cb Walker 93, New Decatur.
Rountree, Scott Louis, mc Jefferson 58, cb 78, Hartselle.
Sherrill, Richard Byrd, mc Alabama 87, cb 94, Hartselle.
Shelton, John Benjamin, mc St. Louis 92, cb Jackson 96, New Decatur.
Turney, Joseph Simpson, mc univ Vanderbilt 82, cb 82, Hartselle.
Thomason, William Black, mc Memphis 85, cb 86, Hartselle.
Winston, David Macon, mc Alabama 86, cb 86, Summerville.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bradley, Peter Casada, mc s of m Kentucky 91, cb —, Cedar Plains.
Binford, Peter, mc New Orleans 61, cb 79, Summerville.
Cartwright, Oscar Bishop, mc Vanderbilt 80, cb 80, Decatur.
Erwin, Andrew Benton, ng, cb Cullman 86, Gandy's Cove.
Gaston, Paul Cheeves, mc univ Vanderbilt 78, cb Limestone 78, New Decatur.
Gill, Jordan Lawrence, mc univ Louisville (one course) 69, cb 78, Summerville.
Gillespie, James Clark, mc univ Vanderbilt 81, cb 81, New Decatur.
Hodges, John Pruitt, mc univ Vanderbilt 78, cb Lawrence 78, Danville.
Hodgeboom, Charles Ellis, mc ——, cb 90, Talucah.
Kitchens, John Mowery, mc Alabama 85, cb Lawrence 85, Hartselle.
Oden, Alexander Hamilton, ng, cb Cullman 78, Lawrence Cove.
Peck, Cicero Fain, mc univ Tennessee 90, cb 90, Summerville.
Ryan, Thomas LaFayette, mc univ Nashville 58, cb 87, Hartselle.
Smith, John Stanhope, mc univ Louisville 47, cb 79, Woodland Mills.
Steers, Willis Wood, (col.) mc univ Michigan 88, cb Montgomery 88, Decatur.
Stephenson, Edison David, mc univ Nashville 68, cb 76, Danville.

Stephenson, Richard Lewis, mc univ Tennessee (one course) 75, cb 78, Decatur.
Stringer, William Morton, mc univ Tennessee 93, (illegal), Lawrence Cove.
Wilhite, Simeon Madison, mc Memphis 91, cb 91, Cedar Plains.
Wilson, Able Robert, mc Alabama 85, cb Lawrence 85, Hartselle.
Total, 20.

NOTE.—As no report has been received from Morgan county this year, the report for 1897 is here reproduced.

PERRY COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, G. R. Johnson; Vice-President, E. Swann; Secretary, J. B. Hatchett; Treasurer, E. B. Thompson; Health Officer, J. B. Hatchett. Censors—O. L. Shivers, E. B. Thompson, J. R. Pou, S. T. Whitfield, J. B. Hatchett.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Barron, William Rowan, mc univ Virginia 61, cb 78, Scotts.
Cross, William Cyprin, mc univ Vanderbilt 80. cb 80, Uniontown.
Hatchett, James Benton, mc univ Vanderbilt 90, cb Limestone 90, Marion.
Johnson, Gains Rowan, mc s of m Kentucky 92, cb 92, Marion.
Pou, James Rufus, mc univ South Carolina 54, cb 78, Uniontown.
Shivers, Offa Lunsford, mc univ Louisiana 73, cb Hale 78, Marion.
Swann, Edward, mc s of m Kentucky 95, cb 95, Sprotts.
Thompson, Elias Benson, mc univ Louisiana 69, cb 78, Marion.
Whitfield, Sidney Thomas, mc univ Tulane 94, cb 94, Uniontown.
Wilkerson, Charles A., mc univ New York 75, cb 78, Marion.
Total, 10.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Collier, Armstead Mayfield, ng, cb 78, Calliersville.
Langhorn, John Miller, mc univ Pennsylvania 48, cb 78, Uniontown.
Mears, John Wesley Nathan, mc univ New York 77, cb 78, Marion.
Tucker, James Buchanan, mc univ Vanderbilt 78, cb 79, Jerico.
Webb, Louis DeYampert, mc univ New York 69, cb Hale 78, Scotts.
Total, 5.

Moved into the county—William C. Cross, from Coatopa, Sumter county.

Moved out of the county—Samuel Patton Hand, to Demopolis, Marengo county.

PICKENS COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, G. B. Wimberley; Vice-President, S. H. Hill; Secretary, H. B. Upchurch; Treasurer, H. B. Upchurch; Health Officer, H. B. Upchurch. Censors—S. H. Hill, G. B. Wimberly, N. Hill, J. Moody, H. B. Upchurch.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Agnew, James Alexander, mc Alabama 74, cb 78, Neal's Mill.
Barnett, James Francis, mc Alabama 92, cb 92, Temple.
Clear, Christopher Columbus, mc Alabama 85, cb 85, Byars.
Cook, Thomas Hugh G., mc Alabama 86, cb 86, Stone.
Hill, Newton, mc Alabama 76, cb 85, Pickensville.
Hill, Samuel Henry, mc univ Louisville 70, cb 78, Carrollton.
Jones, Thomas Bolivar, mc Bellevue 86, cb 86, Stone.
Kirk, Arthur A., mc Alabama 97, cb 97, Temple.
Long, James Barclay, mc Louisville 98, cb 98, Pickensville.
McKinstry, Thomas Harlan, mc Alabama 88, cb 98, Carrollton.
Moody, Joseph, mc univ Louisville 71, cb 78, Franconia.
Moorhead, Henry Clay, mc univ Nashville 69, cb 78, Reform.
Murphy, Thomas Elmore, mc Alabama 92, cb 92, Bethany.
Snoddy, Ephriam A., mc Alabama 97, cb 97, Garden.
Sterling, Samuel Johnston, mc Alabama 61, cb 78, Olney.
Upchurch, Harvey Benton, mc Alabama 92, cb 92, Carrollton.
Williams, Henry Lawrence, mc Jefferson 58, cb 78, Dunbar, Miss.
Wimberly, Gilbert Bush, mc Alabama 92, cb 92, Reform.
Wyatt, Rufus Riley, mc univ Nashville 84, cb 89, Memphis.
Total, 19.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Baird, Duke Orleans, ng, cb 78, Reform.
Brandon, Richard Clifton, mc Alabama —, cb 88, Gordo.
Collins, ———, mc ———, cb———, Palmetto.
Davis, John Longmire, mc univ Vanderbilt 88, cb 88, Gordo.
Deal, Seaborn Edgar, mc Alabama 94, cb Tuscaloosa 94, Pleasant Grove.
Duncan, John Francis, mc Alabama 74, cb 78, Beard's.
Hancock, Jesse, mc Alabama 75, cb 78, Stafford.
Rickman, John Westley, ng, cb 78, Stafford.
Total, 8.

Moved into the county—Ephriam A. Snoddy, to Garden; Collins, to Palmetto.

Examinations—Ephriam A. Snoddy, mc Alabama 92, cb 92, Garden; Arthur A. Kirk, mc Alabama 97, cb 97, Temple.

PIKE COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, J. A. McEachern; Vice-President, C. W. Hilliard; Secretary, J. W. Robertson; Treasurer, J. M. Watkins; Health Officer, C. W. Hilliard. Censors—P. H. Brown, J. A. McEachern, W. B. Sanders, J. W. Robertson, P. H. Brown.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bean, James Madison, mc Bellevue 79, cb Bullock 83, Buck Horn.
Beard, Josephus Simmons, mc univ New York 79, cb 79, Troy.
Broach, Francis Marion, mc Atlanta 90, cb 90, Ansley.
Brown, Pugh H., mc univ New York 54, cb 78, Troy.
Brown, Pugh U., mc univ Tulane 95, cb 95, Troy.
Crossley, William Andrew, mc South Carolina 54, cb 78, Banks.
Dewberry, John Hunter, mc Jefferson 56, cb 78, Brundidge.
Eiland, William A., mc Atlanta 81, cb 84, Henderson.
Ford, Elchana Gardner, old law 56, cb 78, Troy.
Hilliard, Charles W., Sr., mc Georgia Reform 61, cb 78, Troy.
McEachern, C. P., mc Alabama 96, cb 96, Banks.
McEachern, John Adolphus, mc univ Louisville 89, cb 89, Brundidge.
Moore, Thomas Franklin, mc Alabama 91, cb Elmore 92, Linwood.
Mullins, James Thomas, mc Augusta 72, cb Montgomery 82, Troy.
Robertson, James W., mc Alabama 93, cb 93, Brundidge.
Sanders, William Shelby, mc univ Vanderbilt 92, cb 92, Milo.
Sanders, William B., mc ———, cb ——, ———.
Watkins, James M., mc univ Vanderbilt 94, cb 94, Tarenturn.
Total, 18.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Albritton, George Allen, mc univ Louisville 72, cb Crenshaw 82, Henderson.
Beasley, James M., mc Alabama 96, cb —, China Grove.
Boyd, Leroy R., mc Alabama 87, cb —, Troy.
Dennis, S. H., mc univ Graffenberg 58, cb 78, Olustee Creek.
Dismuke, Benjamin James, mc Georgia 57, cb 84, China Grove.
Foreman, Howell, mc Jefferson 58, cb 78, Brundidge.
Hamil, Irby Watson, mc univ Louisville 76, cb 78, Goshen Hill.
Johnson, Edward Harris, mc univ Washington, Md., 69, cb Crenshaw 82, Troy.
Pennington, James Cincinnatus, mc univ Tennessee 94, cb Crenshaw 94, Orion.
Reynolds, James W., mc Alabama 80, cb —, Brundidge.
Townsend, Austin C., mc Augusta, Ga., 61, cb —, China Grove.
Treadwell, L. M., irregular, Troy.
Wagner, John Troup, ng, cb Montgomery 78, Shady Grove.

Williamson, George Washington, mc Alabama 93, cb Crenshaw 93, Goshen Hill.
Total, 14.

Moved into the county—James Wiley Robertson, from Perote, Bullock county, to Brundidge; Josephus Simmons Beard, from Montgomery to Troy.

Moved out of the county — S. Oscar Carlisle, from Ansley to Dothan, Henry county.

RANDOLPH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, H. B. Disharoon; Vice-President. J. C. Swann; Secretary, P. E. Dean; Treasurer, J. R. Hood; Health Officer, P. E. Dean. Censors—W. G. Floyd, J. D. Liles, P. E. Dean, J. C. Swann, J. W. Hooper.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Dean, Pierce Elliott, mc Alabama 92, cb 93, Wedowee.
Disharoon, Henry Beauregard, mc phy and surg Baltimore 85, cb 85, Roanoke.
Duke, Anderson Welcome, mc Graffenburg 49, cb 79, Graham.
Duke, Jefferson Davis, mc Atlanta Southern 84, cb 88, Graham.
Floyd, William Gibson, mc univ Maryland 78, cb 92, Roanoke.
Gauntt, Edmund Tilman, mc Atlanta 76, cb 85, Ophelia.
Heflin, Wilson Lumpkin, mc Georgia 48, cb 85, Roanoke.
Hood, Joseph Robertson, mc Oglethorpe 57, cb 85, Wedowee.
Hooper, John Wilson, mc Jefferson 84, cb Tallapoosa 84, Roanoke.
Liles, Joseph David, mc univ Louisville 70, cb 85, Roanoke.
McManus, Michael M., ng, cb 79, Lamar.
McLendon, Erastus Hood, mc Graffenberg 60, cb 79, Rock Mills.
McLendon, William Head, mc Alabama 96, cb 76, Rock Mills.
Pool, Wyatt Heflin, mc Georgia 67, cb 79, Roanoke.
Stevens, Reuben C., mc Atlanta Southern —, cb Cleburne 97, Graham.
Swann, Joseph Charles, mc Atlanta 90, cb 90, Wedowee.
Taylor, George Washington, mc Georgia 91, cb 94, Lamar.
Trent, Powhatan Glover, mc Atlanta 88, cb 88, Roanoke.
Trent, Powhatan Green, mc Jefferson 67, cb 85, Roanoke.
Vineyard, James Leonard, mc Georgia Reform 49, cb 79, Rock Mills.
Welch, James Madison, mc Atlanta Southern 92, cb 93, Truett.
White, Luther Leonidas, ng, cb 79, White.
Wood, J. W., mc Atlanta Southern 97, cb Clay 97, Almond.
Total, 23.

Honorary Member.

——— Smith, Glenn, Ga.
Total, 1.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bonner, William Wallace, mc Atlanta Southern 92, cb 94, Rock Mills.
Clegg, James, mc Georgia Reform 49, cb 89, Almond.
Dowdy, R. M., mc univ Vanderbilt —, cb —, Hightower.
Jordan, Charles Alexander, mc Atlanta Southern 84, cb 87, Swann.
Liles, Madison DeKalb, ng, cb 79, Dingler.
Weathers, William, ng, cb 87, High Shoals.
Total, 6.

Moved into the County—John Wilson Hooper, from New Site, Tallapoosa county, to Roanoke; J. W. Wood, from Clay county to Almond.

Moved out of the County—James Madison Harrison, from Bernice to Heflin, Cleburne county; S J. Gay, from Almond to Lineville, Clay county; C. P. Gay, from Almond to Lineville, Clay county; H. T. Heflin, from Roanoke to Birmingham, Jefferson county.

Examination—C. P. Gay. Certificate granted.

RUSSELL COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, H. H. Allen; Vice-President, J. P. Norris; Secretary, W. B. Prather; Treasurer, W. B. Prather; Health Officer, W. B. Prather. Censors—T. A. Johnson, W. B. Prather, W. B. Hendrick, J. P. Norris, G. D. Paschal.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Henrick, Frank Gustavus, mc univ Louisville 94, cb Pike 94, Crawford.
Henrick, Walter Branham, mc univ Louisville 90, cb Pike 90, Hurtsboro.
Johnson, Thomas Abner, mc univ Tennessee 80, cb 85, Jernigan.
Joiner, William Thomas, mc Atlanta 91, cb 91, Pittsboro.
Norris, John Pinkney, mc Atlanta 91, cb 91, Uhland.
Paschal, George Dennis, mc univ New York 72, cb 87, Hurtsboro.
Prather, William Butler, mc Atlanta 74, cb 88, Seale.
Smith, Reuben Arnold, mc univ New York 52, cb 87, Hatchechubbee.
Gann, William F., mc univ Louisville, non-resident, Columbus, Ga.
Total, 9.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Black, Nathaniel Spragins, mc univ New York 52, cb 87, Uchee.
Howard, Thomas Watson, ng, cb 88, Girard.
William, Zachary Walton, mc phy and surg Baltimore 82, cb 87, Glennville.

Russell, William Arnold, mc univ Ohio 45, cb Barbour 82, Seale.
Phillips, Lovic Wynn, mc univ Tulane —, cb —, ——.
Allen, Arthur Redding, mc Atlanta 95, cb 98, Oswichee.
Paschal, John, mc Atlanta 98, cb 98, Hurtsboro.
Echols, Moses Mason, mc Mobile 97, cb Macon 97, Girard.
Total, 8.

Moved into the county—Arthur Redding Allen, from Florence, Ga. to Oswichee.

Moved out of the county—Alvingi Jackson Gilbert, from Jernigan to Eufaula.

Examinations—Arthur Redding Allen, mc Atlanta 96, cb 98, Oswichee; John Paschal, mc Atlanta 98, cb 98, Jernigan; W. T. Glass, Phœnix; Robert Clark Prather, mc Alabama 98, cb 98, Girard.

Deaths--Henry HomerAllen, mc Georgia 83,cb 88, Oswichee, of appendicitis.

SHELBY COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, E. G. Givhan; Vice-President, H. I. Williams, Secretary, J. R. Morgan, Treasurer, J. R. Morgan; Health Officer, J. H. Gunn. Censors—J. R. Morgan, W. S. DuBose, J. H. Williams, H. C. McAdams, J. H. Gunn.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Blevins, John Falkner, mc univ Louisiana 59, cb Dallas 78, Calera.
Boyer, Joseph Buford, mc s of m Kentucky 92, cb 92, Wilsonville.
DuBose, Wilds Scott, mc Atlanta 58, cb 78, Columbiana.
Edwards, David W., mc Atlanta 66, cb 78, Wilsonville.
Fields, James G., old law, cb 78, Harpersville.
Givhan, Edgar Gilmore, mc Alabama 74, cb Chilton 94, Montevallo.
Gunn, James Hamlin, mc Bellevue 69, cb 78, Calera.
Hargrove, Robert Harris, mc Bellevue 72, mc univ Vanderbilt 86, cb 78, Maylene.
Leonard, Madison Waldo, mc Alabama 94, cb 94, Longview.
McAdams, Henry Clay, mc Alabama 82, cb Mobile 82, Shelby.
Morgan, Joseph Reid, mc univ Louisville 66, cb 78, Shelby Springs.
Nelson, Thomas Green, mc univ National, Lebanon, O., 93, cb 93, Harpersville.
Oliver, Christopher Carlton, mc Atlanta 69, cb 78, Calera.
Smith, Garland Henry, mc Alabama 87, cb 90, Pelham.
Williams, Hartwell Isaac, mc Alabama 87, cb 87, Columbiana.
Williams, John Harford, mc univ Louisville 75, cb 78, Columbiana.
Wilkinson, D. L., mc ——— —, cb —, ———.
Total, 17.

Honorary Member.

Backus, Henry, old law, cb Tuscaloosa 78.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Acker, James Wilson, old law, cb Tuscaloosa 78, Montevallo.
Chandler, Edward Pendleton, old law, cb 79, Vincent.
Denson, Eli Forest, mc univ Vanderbilt 79, cb 79, Pelham.
DuBose, Frank Dudley, mc South Carolina —, cb 78, Shelby.
Goodson, Jasper, old law, cb 78, Siluria.
Griffin, Alpheus J., old law, cb 78, Lawley.
Hays, William S., mc Alabama 87, cb 87, Helena.
Johnson, Joseph Madison, mc univ Vanderbilt 83, cb 83, Pelham.
McGraw, Allen Edward, mc univ Louisiana 73, cb 78, Vincent.
Smothers, B. H., mc——— —, cb—, Weldon.
Tucker, Milton Robert, old law, cb 78, Helena.
Total, 11.

Moved out of the county—Simon Oceola Humphreys, from Calera to Elmore county.

Examinations—Wilson Belle Alse, mc Alabama 97, cb 97. Certificate granted.

ST. CLAIR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, E. P. Cason; Vice-President, R. J. Harris; Secretary, J. W. Ash; Treasurer, J. W. Ash; Health Officer, D. E. Cason. Censors—J. M. McLaughlin, W. F. Vandegrift, E. P. Cason.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ash, John Winston, mc univ Louisiana (now Tulane) 80, cb 80, Springville.
Bass, John Burrell, mc phy and surg Baltimore 70, cb 79, Ashville.
Cason, Davis Elmore, mc univ Nashville 79, cb 79, Ashville.
Cason, Eugene Presley, mc Alabama 90, cb 90, Ragland.
Harris, Robert Josephus, mc Louisville 92, Marengo.
McLaughlin, James Madison, state board 80, cb 79, Springville.
Turner, William M., mc Alabama 92, cb 92, Seddon.
Vandegrift, Washington Franklin, mc univ Louisiana (Tulane) 80, cb 80, Branchville.
Total, 8.

Honorary Members.

Cason, James Calvin, mc Memphis—, cb —, Coal City.
Crump, James Wells, mc Atlanta 75, cb 80, Steel's Station.
Jones, James Hunter, mc ———, Ragland.
Total, 8.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Alverson, Robert F., mc Alabama 93, cb 93, Coal City.
Bartlett, George W., ng, cb Clay 87, Easonville.
Beason, William A., mc phy and surg Baltimore 93, cb 93, Ashville.
Crump, Henry Green, old law, cb 79, Seddon.
Embry, James Carl, mc univ Georgia 89, cb 90, Kelly's Creek.
Evans, Richard Proctor, old law 67, cb 79, Coal City.
Garlington, Henry G., cb Alabama 87, cb 87, Ashville.
Hamilton, Charles Henry, old law 79, cb —, Eden.
Ware, John Blassingame, old law 79, cb Clay 79, Kelly's Creek.
Total 9.

Moved into the county—George W. Bartlett, Easonville.

Moved out of the county—Oliver Marshall Steadham, to near Auburn, Lee county; William Henry Hutchinson, to Childersburg, Talladega county; Jas. Pinkney Hawkins, Irondale, Jefferson county.

Examinations—Robert Lee McClelland, mc Alabama 97, Easonville, certificate granted; Sinclair Nicholas Lathem, mc Birmingham 97, Comelin, certificate granted; Marcus Warland Laney, mc univ Vanderbilt 93, Eden, certificate refused; David Pence Gamenon mc Chattanooga 94, Pell City, certificate refused.

SUMTER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, J. H. Reed; Vice-President, A. L. Vaughan; Secretary D. S. Brockway; Treasurer, D. S. Brockway; Health Officer, D. S. Brockway. Censors—D. S. Brockway, M. B. Cameron, T. J. Bickley, W. J. McCain, A. L. Vaughan.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bancroft, Joseph Dosier, mc univ Vanderbilt 94, cb 94, Sumterville.
Bickley, Thomas Jefferson, mc univ Vanderbilt 81, cb 81, Gainesville.
Brockway, Dudley Samuel, mc Jefferson 81, cb 81, Livingston.
Cameron, Mathew Bunyan, mc Alabama 86, cb 86, Sumterville.
Gilmore, John Neil, mc New York —, cb 78, Gaston.
Hearn, William Thomas, mc univ Louisville 82, cb 82, York.
Henagan, Darby, mc South Carolina 57, cb 78, Epps.
Henagan, James Davis, mc Alabama 91, cb 94, Epps.
McCain, William Jasper, mc Alabama 91, cb 91, Livingston.
Parham, John Calhoun, mc s of m Kentucky 77, cb 78, Gainesville.
Randal, Newton Fox, mc univ Nashville 78, cb 78, Sumterville.
Reed, John H. G., mc univ Louisville 90, cb 92, Epps.
Vaughan, Amos Lemuel, mc univ Louisville 84, cb 84, Cuba.
Ward, Henry Bascom, mc Alabama 78, cb 78, Cuba.
Total, 14.

Honorary Members.

Giles, James Hamilton, mc univ Louisville 57, cb 78, Cuba.
James, William Hamilton, mc ——, cb 78, York.
Sholl, Edward Henry, mc Pennsylvania col med and surg 56, cb 78, Birmingham.
Total, 3.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Carr, Paul Ellington, mc univ Louisville 91, cb 91, Warsaw.
Hagler, Prewitt Lafayette, mc Alabama 91, cb 91, Gainesville.
Hale, Robert Hadden, mc univ Louisville 79, cb 80, York.
Harris, Evan P., mc univ Louisiana 69, cb 78, Rosser.
Kelley, William Pace, mc Alabama 84, cb 86, York.
Nash, James Toney, mc univ Louisville 80, cb 80, Livingston.
Shamberger, William Brantley, mc univ Louisville 84, cb Choctaw 85, Rosser.
Total, 7.

Moved into the county—Dr. Jones from ————, to Belmount.

Moved out of the county—William Cyprian Cross, from Brewersville, to Uniontown. William Floyd Kimbrough, from York, to parts unknown.

Deaths—John Francis Allison, mc South Carolina 50, cb 78, York, cancer of rectum.

TALLADEGA COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, J. Dixon; Vice-President, J. T. Harrison; Secretary, W. G. Hamilton; Treasurer, B. B. Simms; Health Officer, W. F. Thetford. Censors—W. G. Hamilton, B. B. Simms, S. W. Welch, J. S. McCants, G. A. Hill.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST OFFICES.

Bishop, Wallace Reverdy, mc—— —, state board 95, Talladega.
Caldwell, William Draton, mc univ Vanderbilt 88, cb Lauderdale 88, Kymulga.
Craddock, Felix Hood, mc univ Vanderbilt 95, cb 95, Sylacauga.
Dixon, John, mc Jefferson 56, cb 86, Fayetteville.
Hamilton, William Thomas, mc Alabama 80, cb Mobile 80, Ironaton.
Harrison, John Tinsley, mc Atlanta 81, cb 86, Munford.
Harrison, William Groce, mc univ Maryland 92, cb 92, Talladega.
Heacock, John William, mc univ Louisiana 66, cb 86, Alpine.
Hill, George Armstrong, mc Jefferson 70, cb 86, Wynette.
Hutchinson, W. H., mc Chattanooga 93, cb St. Clair 97, Childersburg.

Kent, T. J., mc Alabama —, cb —, Fayetteville.
McCants, John Samuel, mc Atlanta 66, cb 86, Talladega.
Pittsford, Louis Whitfield, mc Atlanta Southern 88, cb Cleburne 89, Eastaboga.
Powell, Thomas Jefferson, mc univ Maryland 66, cb 86, Childersburg.
Pruett, Madison Jasper, mc Memphis Hospital 96, cb Clay 96, Sycamore.
Simms, Benjamin Brit, mc Jefferson 85, cb Coosa 86, Talladega.
Sims, Albert Gallatin, mc univ Nashville 69, cb 86, Renfro.
Steadham, Robert Preston, mc Chattanooga 93, cb Cleburne 94, Childersburg.
Thetford, William Fletcher, mc univ Louisiana 67, cb Greene 78, Talladega.
Welch, Samuel Wallace, mc p and s Baltimore 93, cb 93, Alpine.
Wren, Edward Bailey, mc Alabama 90, cb 90, Talladega.
Total, 21.

Honorary Members.

Hendricks, Humphrey Green, mc Philadelphia 52, cb 86, Talladega.
Stockdale, John Lark, mc South Carolina 54, cb 86, Boswell.
Taylor, William, mc univ Louisiana 52, cb 86, Talladega.
Vandiver, John Harrington, mc Jefferson 45, cb 86, Talladega.
Welch, William Americus, mc Jefferson 48, cb 86, Alpine.
Total, 5.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Bailey, Robert Emmett, mc Atlanta 66, cb 86, Silver Run.
Brooks, Alpheus Olin, mc Atlanta Southern 87, cb Clay 87, Lincoln.
Castleberry, William Trice, mc Georgia 72, cb 86, Lincoln.
Coker, Marion Jackson, ng, cb Clay —, Sylacauga.
Coker, Charles Francis, ng, cb Clay 87, Ragan.
Conway, Magnus Eli, mc univ Vanderbilt 88, cb 88, Sylacauga.
Colvin, James Pickett, mc s of m Kentucky 91, cb Macon 91, Ragan.
Donaldson, John Thaddeus, mc South Carolina 67, cb 86, Eastaboga.
McGhee, John A., ng, cb —, Sycamore.
Pearson, James Emmett, mc Alabama 88, diploma recorded, Sylacauga.
Pugh, Braxton Bragg, mc Alabama 89, cb Clarke 89, Munford.
Sorrell, William Henry, ng, cb 82, Sylacauga.
Whitten, Edgar Hinton, mc Alabama 88, cb 89, Munford.
Total, 13.

Moved into the county—W. H. Hutchinson from —— to Childersburg; James Pickett Colvin from Newcastle to Ragan.

Moved out of the county—Jesse Alonzo Gray from Sylacauga to Easonville; Hartwell Fisk Morton from Talladega to——; Augustus A. Green from Talladega Springs to Anniston.

Death—Barckley Wallace Toole, ex-President M. A. S. A., died of exhaustion following operation for appendicitis in Davis Infirmary, Birmingham, March 24th, 1898.

TALLAPOOSA COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, J. W. McLendon; Vice-President, R. V. Salmon; Secretary, A. L. Harlan; Treasurer, R. V. Salmon; Health Officer, A. L. Harlan. Censors—G. W. Vines, J. A. Goggans, A. J. Coley, R. V. Salmon, A. L. Harlan.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bruce, Homer S., mc Atlanta 91, cb Chambers 91, Camp Hill.
Calloway, George McDaniel, mc Alabama 89, cb Clay 89, Pinkneyville.
Carleton, William George, mc univ Vanderbilt 82, cb 82, Dudleyville.
Coley, Andrew Jackson, mc Jefferson 80, cb 81, Alexander City.
Goggans, James Adrian, mc univ New York 77, cb 82, Alexander City.
Hamner, Harper Taliaferro, mc univ Vanderbilt 89, cb Chambers 90, Camp Hill.
Harlan, Aaron LaFayette, mc Alabama 86, cb 86, Alexander City.
Harlan, John James, mc Alabama 72, cb 82, Hackneyville.
Hart, Eugene Walker, mc Baltimore 91, cb 91, Walnut Hill.
Langley, O. V., mc Atlanta 95, cb 96, Camp Hill.
Lightfoot, Robert Wilson, mc South Carolina 62, cb 82, Alexander City.
McLendon, Joseph Wyley, mc Jefferson 88, cb 88, Dadeville.
Nolen, Abner Jackson, mc univ Louisville 80, cb Coosa 82, New Site.
Nolen, Isaac Daniel, mc univ Louisville 92, cb Coosa 92, New Site.
Radford, George Clements, ng, cb Clay 87, Bulgers.
Reagan, Onslow, ng, cb 82, Alexander City.
Salmon, Robert Vaughan, mc Alabama 75, cb 82, Dadeville.
Shepard, Orlando Tyler, mc univ Graffenburg 54, cb 82, Tohopeka.
Smith, Watt Francis, mc univ Graffenburg 54, cb 82, Thaddeus.
Vines, George Washington, mc univ Tulane 72, cb 82, Dadeville.
Ward, Lucius Cincinnatus, ng, cb 82, Daviston.
Total, 21.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Banks, Joseph W., mc Alabama 90, cb —, Jackson's Gap.
Shepard, Philip Madison, mc univ Graffenburg 54, cb 82, Dadeville.
Spier, Alfred Alexander, ng, cb 80, Dudleyville.
Total, 3.

Moved into the county—George McDaniel Calloway, to Pinkneyville.

Moved out of the county—Cecil Kelly Maxwell, from Kellyton to Coosa county.

TUSCALOOSA COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, W. G. Somerville; Vice-President, R. D. Jackson; Secretary, T. M. Leatherwood; Treasurer, T. M. Leatherwood; Health Officer, J. B. Read. Censor—J. L. Fant, S. Leach, T. M. Leatherwood, W. G. Somerville, J. L. Williamson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Clifton, John Montgomery, mc Alabama 88, cb 88, Northport.
Fant, Joseph Louis, mc South Carolina 76, cb Marengo 78, Tuscaloosa.
Faulk, William Mark, mc Alabama 97, cb Barbour 97, Tuscaloosa.
Hitchcock, Matthew Sims, mc univ Louisville 93, cb Dallas 93, Brookwood.
Jackson, Robert Dandridge, mc South Carolina 51, cb Dallas 78, Brookwood.
Killebrew, J. Buckner, mc univ Virginia 96, cb 97, Tuscaloosa.
Leach, Sydney, mc univ Virginia 96 cb 97, Tuscaloosa.
Leatherwood, Timothy Miles, mc Alabama 91, cb 91, Tuscaloosa.
Little, John, mc univ Louisiana 69, cb 78, Tuscaloosa.
Marlowe, Nicholas Perkins, mc Jefferson 59, cb 78, Tuscaloosa.
Nichols, Andrew Berry Cook, mc Philadelphia 69, cb 78, Tuscaloosa.
Neilson, Robert H., mc Georgia 51, cb 78, Tuscaloosa.
Perry, Samuel Miller, mc univ Vanderbilt 95, cb 95, Samantha.
Read, John Branham, mc univ Louisiana 46, cb 78, Tuscaloosa.
Searcy, James Thomas, mc univ New York 67, cb 78, Tuscaloosa.
Somerville, William Glassell, mc phy and surg New York 89, cb 89, Tuscaloosa.
Trimm, James Lewis, mc Alabama 81, cb 81, Tuscaloosa.
Williamson, James Lewis, mc Alabama 81, cb 81, Tuscaloosa.
Total, 18.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Asher, D. C., mc ———, cb 78, Cottondale.
Beatty, Douglass Pearson, mc univ New York —, cb 78, Hull.
Boudousque, Gabriel C., mc Alabama 96, cb Washington 97, Tuscaloosa.
Caldwell, Washington Jackson, ng, cb 84, Hull.
Cannon, D. P., mc ———, cb —, Coaling.
Clements, Alsey, ng, cb 78, Vance.
Dougherty, William, ———, cb —, Falls.
Edelman, Louis, mc Koningsburg 85, mc Curtis Institute 91, cb Limestone 97, Tuscaloosa.
Elrod, William Washington, ng, cb 78, Sipsey Turnpike.
Foster, Ezra, ng, cb 78, Northport.
Hester, William, mc univ New York 69, cb 78, Tuscaloosa.

Mackey, Willis, mc ———, cb —, Oregonia.
Mayfield, Surry Foster, mc univ Tulane 96, cb 96, Northport.
McCord, Charles Richard, ng, cb 80, Oregonia.
Olive, George Washington, mc Alabama 82, cb 83, New Lexington.
Patton, Madison Knox, mc univ Tulane 91, cb Green 91, Foster's.
Taylor, William T., mc Alabama 93, cb Greene 93, Hickman's.
Thompson, James W., ng, cb —, Taylorville.
Thurman, W. H., mc ———, cb 96, Skelton.
Toomey, Mark Anthony, ng, cb 78, Pearl.
Weaver, George Augustus, (col), mc univ Howard 97, cb 98, Tuscaloosa.
Total, 21.

Moved into the county—D. P. Cannon, from ——— to Coaling; William Doughty, from Fayette to Falls; Louis Edelman, from Birmingham to Tuscaloosa; Willis Mackey, from Fayette to Oregonia.

Moved out of the county—Eugene DuBose Bondurant, from Tuscaloosa to Mobile; Paul Turner Vaughan, from Tuscaloosa to Little Rock, Ark.; Henry Brookman Wilkinson, from Tuscaloosa to Montgomery; Ruffin Ashe Wright, from Tuscaloosa to Mobile.

Examinations—R. B. Harkness, mc univ Tulane 97, certificate granted; Sydney Leach, mc univ Virginia 96, certificate granted; J. Buckner Killebrew, mc univ Virginia 96, certificate granted; George Augustus Weaver, col, mc univ Howard 97, certificate granted.

WALKER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, W. C. Rosamond; Vice-President, W. M. Cunningham; Secretary, D. M. Davis; Treasurer, D. M. Davis; Health Officer, A. M. Stovall. Censors—J. A. Goodwin, W. C. Rosamond, A. M. Stovall, W. L. Gravlee, C. B. Jackson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Ballenger, Joseph William, mc univ Vanderbilt 84, cb Cullman 87, Carton Hill.
Camak, David Hutchison, old law 71, cb 84, Jasper.
Cunningham, William M., mc univ Vanderbilt 84, cb 84, Corona.
Davis, Daniel M., mc Atlanta 94, cb 94, Cordova.
Deweese, Thomas Peters, mc univ Vanderbilt 85, cb 85, Gamble Mines.
Goodwin, Joseph Anderson, mc Alabama 74, cb 78, Jasper.
Gravlee, William Lewis, mc univ Vanderbilt 82, cb 82, Patton Junction.
Guilder, George S., mc Alabama 94, cb 74, Galloway.
Hendon, Albert Lucretius, old law 78, cb 78, Cordova.

Jackson, Charles Beuford, mc Atlanta 85, cb Tallapoosa 85, Horse Creek.
Manasco, John, old law 76, cb 81, Townley.
Manasco, Titus, mc Memphis Hospital 96, cb 96, Townley.
Odum, James Newton, mc Memphis Hospital 94, cb 94, America.
Rosamond, William Capers, old law 55, cb 81, Jasper.
Stovall, Andrew McAdams, mc univ Louisville 80, cb 81, Jasper.
Total, 15.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Dearth, James Kitridge, ng, cb 88, Jasper.
Gallagher, Larkin, mc Alabama 95, cb 95, Eldridge.
Lynn, John Wesley, mc Atlanta 60, cb 81, Carbon Hill.
Masterson, William, mc univ Louisville 91, cb Franklin 91, Oakman.
Miller, John M., mc univ Vanderbilt 85, cb 85, Cordova,
Phillips, Alfred B., mc univ Vanderbilt 85, cb 85, Horse Creek.
Stephenson, Hugh Watson, mc Alabama 80, cb Lawrence 85, Oakman.
Woodson, John A., mc univ Vanderbilt 92, cb 93, Coal Valley.
Woodson, Landon Aubry, mc univ Virginia 61, cb 91, Patton.
Total, 9.

Moved into the county—John M. Miller from Blossburg, Jefferson county, to Cordova.

Moved out of the county—Bryan Watkins Whitfield from Galloway to Demopolis.

Death—Virgil Martin Miller, of Townley, of cirrhosis of liver.

WASHINGTON COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, J. Gordon; Vice-President, J. W. Wood; Secretary, A. P. Webb; Treasurer, A. P. Webb; Health Officer, W. W. Shoemaker. Censors—J. Gordon, W. E. Kimbrough, C. LeBaron.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Gordon, John, mc Ohio 66, cb 87, Healing Springs.
Kimbrough, William E., mc univ Alabama —, cb 87, St. Stephens.
LeBaron, Charles, mc Alabama 89, cb Mobile 96, Yellow Pine.
McCanon, Wallace Campbell, mc phy and surg Keokuk, Iowa, 80, cb 96, Deer Park.
Shoemaker, Walton Worthy, mc Alabama 92, cb 92, Frankville.
Webb, Francis Arbury, mc Alabama 81, cb 91, Calvert.
Webb, Alfred Pellar, mc Alabama 96, cb 97, Fairford.
Wood, John Wesley, mc univ Virginia 60, cb 87, Healing Springs.
Total, 8.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Pearson, ——, mc—— —, cb—, Vinegar Bend.
Total, 1.

Moved into the county—F. A. Webb from Mobile to Calvert.

* WILCOX COUNTY MEDICAL SOCIETY—Eufaula, 1887.

OFFICERS.

President, J. P. Jones; Vice-President, L. E. Starr; Secretary, R. H. Kilpatrick; Treasurer, R. H. Kilpatrick; Health Officer, R. H. Kilpatrick. Censors—L. E. Starr, J. J. Harris, W. M. Burroughs, A. B. Curtis, W. T. Purnell.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Adams, David, mc Georgia 68, cb 81, Pine Apple.
Benson, James C., mc Alabama 87, cb 87, Camden.
Bonner, James Isaac, mc Alabama 78, cb 79, Rosebud.
Burroughs, William M., mc univ Tennessee 91, cb Clarke 92, Pine Hill.
Curtis, Alonzo Bittle, mc Alabama 79, cb 82, Lower Peach Tree.
Curtis, Christopher Columbus, mc Alabama 82, cb 82, Lower Peach Tree.
Dale, William Bonner, mc univ Louisiana 61, cb 79, Allenton.
Gaston, David Finis, mc univ Louisiana 82, cb 82, Gastonburg.
Godbold, John Calhoun, mc Alabama 79, cb 79, Nellie.
Haddox, William Thomas, mc univ Louisiana 58, cb 79, Pine Hill.
Harris, John James, mc univ New York 88, cb Tuscaloosa 88, Furman.
Jenkins, Thomas Griffin, mc univ Louisiana 48, cb 79, Camden.
James, John Paul, mc univ Louisiana 61, cb 82, Camden.
James, Joseph Harvey, mc univ Louisville 80, cb 82, Allenton.
Jones, Thomas Warburton, mc phy and surg New York 90, cb 90, Camden.
Kilpatrick, Rufus Hall, mc Alabama 88, cb 88, Camden.
Kimbrough, Franklin Flavius, mc Alabama 90, cb 90, Camden.
Kimbrough, John Henry, mc Alabama 94, cb 94, Catherine.
Lee, Thomas, mc South Carolina 57, cb 80, Furman.
McDaniel, Edward Davies, mc South Carolina 57, cb 79, Camden.
Palmer, Ransom Dabney, mc univ Louisiana 86, cb 86, Furman.
Purifoy, John Howard, mc Jefferson 59, cb 81, Furman.
Purnell, William Thomas, mc Alabama 76, cb 79, Prairie Bluff.
Ramsey, David Wardlaw, mc univ Louisiana 70, cb 78, Pine Apple.
Spurlin, George Green, mc univ Louisiana 92, cb 92, Camden.
Starr, Lucius Ernest, mc Alabama 61, cb 79, Camden.
Thigpen, Jefferson, mc univ Louisville 93, cb 94, Furman.

Watson, William Waldred, mc univ Virginia 87, cb 87, Furman.
Wall, Richard Albert, mc univ Tulane 94, cb Butler 94, Ackerville.
Total, 29.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Cole, William W., mc univ Pennsylvania 50, cb —, Snow Hill.
Cook, Samuel Benjamin H., ng, cb 85, Pine Hill.
Hawthorne, Samuel McC., mc Alabama 89, cb —, Pine Apple.
Kimbrough, W. E., mc univ Louisiana —, cb —, Pine Hill.
King, Edward Doak, mc ——— —, cb —, Lower Peach Tree.
Lee, John Francis, mc univ Nashville 80, cb 83, Allenton.
Williams, W. H., mc——— —, cb Clarke —, Sunny South.
Total, 7.

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*NOTE.—As no report has been received from Wilcox county this year, the report for 1897 is here reproduced.

WINSTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, W. R. Bonds; Vice-President, W. I. Gravlee; Secretary, H. C. Johnson; Treasurer, H. C. Johnson; Health Officer, J. C. Taylor. Censors—J. C. Taylor, W. R. Bonds, H. C. Johnson.

NAMES OF MEMBERS WITH THEIR COLLEGES AND POST-OFFICES.

Bonds, William Riley, mc Alabama 92, cb 92, Double Springs.
Gravlee, William I., ng, cb 91, Lynn.
Johnson, Harvey Calaway, mc Alabama 85, cb 85, Nauvoo.
Palmer, Alexander S., ng, cb Marion —, Natural Bridge.
Taylor, Joseph Calhoun, mc Alabama 88, cb 89, Haleysville.
Total, 5.

PHYSICIANS NOT MEMBERS OF THE SOCIETY.

Adkins, William Riley, old law, cb Tuscaloosa 78, Double Springs.
Carroll, David, old law, cb Blount 78, Double Springs.
Hood, John Wesley, old law, cb Winston 90, Addison.
Roden, Benjamin Wesley, old law, cb Marion 89, Haleysville.
Total, 4.

Death—Howard Bell Freeman, P. O. Mellville, Winston county.

THE ROLL OF THE COLLEGE OF COUNSELLORS.

REVISION OF 1898.

THE GRAND SENIOR LIFE COUNSELLORS.

Abernethy, William Henry, Tinela—Montgomery session.....1875
Furniss, John Perkins, Selma—Mobile session.....1876
Gaston, John Brown, Montgomery—Montgomery session.....1875
Hogan, Samuel Mardis, Montgomery—Montgomery session.....1875
Jackson, Robert Dandridge, Brookwood—Tuscaloosa session.....1873
Jackson, Walter Clark, Montgomery—Tuscaloosa session.....1878
Ketchum, George Augustus, Mobile—Tuscaloosa session.....1873
McKinnon, John Alexander, Selma—Mobile session.....1876
McKittrick, Adam Alexander, Evergreen—Tuscaloosa session...1873
Michel, Richard Frazer, Montgomery—Tuscaloosa session.....1873
Prince, Francis Marion, Bessemer—Birmingham session..... 1877
Sanders, William Henry, Mobile—Enfaula session.....1878
Starr, Lucius Ernest, Camden—Selma session.... 1874
Total, 13.

THE GRAND SENIOR COUNSELLORS.

Baldwin, Benjamin James, Montgomery—Anniston session.....1886
Bragg, Shirley, Montgomery—Greenville session.....1885
Brockway, Dudley Samuel, Livingston—Mobile session.....1882
Cason, Davis Elmore, Ashville—Huntsville session.....1880
Fletcher, Richard Matthew, Sr., Huntsville—Montgomery session.1881
Franklin, Charles Higgs, Union Springs—Mobile session.....1882
Gaines, Vivian Pendleton, Mobile—Selma session.....1879
Goggans, James Adrian, Alexander City—Birmingham session..1883
Goodwyn, Joseph Anderson, Jasper—Mobile session.....1882
Harlan, John Jefferson, Hackneyville—Montgomery session.....1888
Hayes, Robert Hughes, Union Springs—Huntsville session.....1880
Hill, Luther Leonidas, Montgomery—Montgomery session.....1888
Huggins, Jacob, Newbern—Selma session.....1884
Inge, Henry Tutwiler, Mobile—Greenville session.....1885
Jay, Andrew, Evergreen—Mobile session.....1882
Jones, Capers Capehart, East Lake—Montgomery session.....1881
Kendrick, Joel Cloud, Greenville—Mobile session 1882
Lowry, Samuel Hickman, Huntsville—Greenville session.....1885
Nolen, Abner Jackson, New Site—Anniston session.....1886

Redden, Robert James, Sulligent—Tuscaloosa session.....1887
Robertson, Thaddeus Lindlay, Birmingham—Montgomery session.1881
Searcy, James Thomas, Tuscaloosa—Selma session.....1884
Sholl, Edward Henry, Birmingham—Huntsville session 1880
Sledge, William Henry, Mobile—Mobile session.....1882
Stovall, Andrew McAdams, Jasper—Mobile session.....1882
Thetford, William Fletcher, Talladega—Montgomery session....1881
Thomas, James Grey, Mobile—Huntsville session..... 1880
Trent, Powhatan Green, Roanoke—Selma session 1884
Whaley, Lewis, Birmingham—Anniston session.....1886
Wheeler, William Camp, Huntsville—Montgomery session.....1888
Wilkerson, Wooten Moore, Montgomery—Birmingham session..1883
Wilkinson, James Anthony, Flomaton—Anniston session. 1886
Total, 32.

THE SENIOR COUNSELLORS.

Andrews, Glenn, Montgomery—Selma session.....1893
Blake, Wyatt Heflin, Wetumpka—Montgomery session.....1892
Cameron, Matthew Bunyan, Sumterville—Selma session.....1893
Carson, Shelby Chadwick, Greensboro—Selma session.....1893
Coley, Andrew Jackson, Alexander City—Huntsville session.....1891
Cunningham, Russell McWhorter, Birmingham—Selma session..1893
DeWeese, Thomas Peters, Gamble Mines—Birmingham session..1890
Duggar, Reuben Henry, Gallion—Montgomery session.....1892
Gay, Samuel Gilbert, Selma—Selma session.....1893
Goode, Rhett, Mobile—Mobile session.....1889
Heacock, John William, Alpine—Huntsville session.....1891
Heflin, Wyatt, Birmingham—Selma session.....1893
Hunter, Henry Mitchell, Union Springs—Selma session.....1893
King, Goldsby, Selma—Selma session.....1893
LeGrand, John Clark, Birmingham—Mobile session.....1889
Maréchal, Edwin Leslie, Mobile—Mobile session 1889
McCants, Robert Beall, Faunsdale—Selma session 1893
Moon, William Henry, Good Water—Selma session.....1893
Parke, Thomas Duke, Birmingham—Selma session.....1893
Robinson, Christopher Americus, Huntsville-Birmingham session.1890
Watkins, Isaac LaFayette, Montgomery—Selma session.....1893
Whitfield, Bryan Watkins, Demopolis—Montgomery session.....1892
Wilkerson, Charles A., Marion--Birmingham session.....1890
Wilkinson, John Edward, Prattville—Montgomery session.....1892
Total, 24.

THE JUNIOR COUNSELLORS.

Bell, Walter Howard, Oxford—Birmingham session.....1894
Bondurant, Eugene DuBose, Mobile—Birmingham session.....1894

Brannon, Henry Lee, Eufaula—Selma session.....1897
Brown, George Summers, Birmingham—Birmingham session....1894
Davis, William Elias Brownlee, Birmingham—Mobile session....1895
Desprez, Louis Willoughby, Russellville—Mobile session.....1895
Dixon, John, Fayetteville--Selma session.....1897
Frazer, Tucker Henderson, Mobile—Mobile session..... 1895
Goodman, Duke William, Mobile—Selma session.....1897
Graham, William Alexander, Fayette—Selma session.....1897
Hamilton, William Thomas, Ironaton—Mobile session.....1895
Harrison, William Groce, Talladega—Montgomery session.....1896
Harper, Robert Franklin, Ozark—Birmingham session.....1894
Hill, George Armstrong, Wynette—Birmingham session 1894
Howle, James Augustus, Jordan—Mobile session.....1895
Johnston, Louis William, Tuskegee—Mobile session.....1895
Jones, Julius, Rockford—Montgomery session.....1896
Jones, Edward Spears, Gadsden—Selma session.....1897
McEachern, John Adolphus, Brundidge—Selma session.....1897
McLaughlin, James Madison, Springville—Birmingham session..1894
McWhorter, Horace Puckett, Collinsville—Mobile session 1895
McWhorter, George Tilghman, Riverton—Montgomery session..1896
Moody, Fleming Isaac, Dothan—Montgomery session.....1896
Moody, Henry Altamont, Bailey Springs—Birmingham session...1894
Murray, Michael William, New Decatur—Mobile session.....1895
Perry, Henry Gaither, Greenville—Birmingham session.....1894
Quin, William Everett, Fort Payne—Birmingham session 1894
Riggs, Edward Powell, Birmingham—Birmingham session.....1894
Robinson, Thomas Franklin, Blocton—Montgomery session.....1896
Sutton, Robert Lee, Orrville—Mobile session.....1895
Swann, Joseph Charles, Wedowee—Mobile session 1895
Waller, George Platt, Montgomery—Montgomery session.....1896
Whitfield, James Bryan, Demopolis—Montgomery session.....1896
Williams, John Harford, Columbiana—Birmingham session 1894
Wyman, Benjamin Leon, Birmingham—Selma session.....1897
Total, 35.

THE COUNSELLORS ELECT.

Hill, Robert Sommerville, Montgomery, Montgomery county.
Pearson, Benjamin Rush, Montgomery Montgomery county.
Bennett, Benjamin Franklin, Clayton, Barbour county.
Sims, Albert Gallatin, Renfroe, Talladega county.
Harlan, Aaron LaFayette, Alexander City, Tallapoosa county.
McCain, William Jasper, Livingston, Sumter county.
Dryer, Thomas Edmund, Huntsville, Madison county.
Henley, Albert Thomas, Birmingham, Jefferson county.
Total, 8.

SUMMARY.

Grand Senior Life Counsellors	18
Grand Senior Counsellors	32
Senior Counsellors	24
Junior Counsellors	35
Counsellors Elect	8
Active Counsellors	99

THE ROLL OF THE COLLEGE OF COUNSELLORS BY CONGRESSIONAL DISTRICTS.

On this roll the names of the counsellors are given by congressional districts. It is intended to serve as a guide in the election of new counsellors with a view to the distribution of them in approximate proportion to the number of members in the several districts. It is not considered to be good policy, and it is not considered to be fair and right, to give a few large towns greatly more than their pro rata share of counsellors. The calculations are based on the nearest whole numbers.

THE FIRST DISTRICT.

Names of Counsellors.—E. D. Bondurant, T. H. Frazer, V. P. Gaines, D. W. Goodman, Rhett Goode, H. T. Inge, E. L. Maréchal, R. B. McCants, W. H. Sledge, J. G. Thomas, B. W. Whitfield, J. B. Whitfield.

Choctaw,	members	8	counsellors	0
Clarke,	"	20	"	0
Marengo,	"	19	"	3
Mobile,	"	40	"	9
Monroe,	"	16	"	0
Washington,	"	8	"	0
Totals		111		12

THE SECOND DISTRICT.

Names of Counsellors.—Glenn Andrews, B. J. Baldwin, S. Bragg, L. L. Hill, R. S. Hill, A. Jay, J. C. Kendrick, J. A. McEachern, B. R. Pearson, H. G. Perry, G. P. Waller, I. L. Watkins, W. M. Wilkerson, J. A. Wilkinson.

Baldwin,	members	7	counsellors	0
Butler,	"	21	"	2
Conecuh,	"	17	"	1
Covington,	"	6	"	0
Crenshaw,	"	18	"	0
Escambia,	"	11	"	1
Montgomery,	"	46	"	9
Pike,	"	18	"	1
Wilcox,	"	29	"	0
Totals		178		14

THE THIRD DISTRICT.

Names of Counsellors.—B. F. Bennett, H. L. Brannon, C. H. Franklin. R. F. Harper, R. H. Hayes, H. M. Hunter, F. I. Moody.

Barbour,	members	21	counsellors	2
Bullock,	"	17	"	3
Coffee,	"	5	"	0
Dale,	"	11	"	1
Geneva,	"	14	"	0
Henry,	"	20	"	1
Lee,	"	11	"	0
Russell,	"	9	"	0
Totals		108		7

THE FOURTH DISTRICT.

Names of Counsellors.—W. H. Bell, J. Dixon, S. G. Gay, W. T. Hamilton, W. G. Harrison, J. W. Heacock, G. A. Hill, G. King, A. G. Sims, R. L. Sutton, W. F. Thetford, J. H. Williams.

Calhoun,	members	23	counsellors	1
Chilton,	"	10	"	0
Cleburne,	"	18	"	0
Dallas,	"	26	"	3
Shelby,	"	17	"	1
Talladega,	"	21	"	7
Totals		115		12

THE FIFTH DISTRICT.

Names of Counsellors.—W. H. Blake, A. J. Coley, J. A. Goggans, A. L. Harlan, J. J. Harlan, J. A. Howle, L. W. Johnston, J. Jones, W. H. Moon, A. J. Nolen, J. C. Swann, P. G. Trent, J. E. Wilkinson.

Autauga,	members	12	counsellors	1
Chambers,	"	13	"	0
Clay,	"	14	"	0
Coosa,	"	12	"	2
Elmore,	"	20	"	2
Lowndes,	"	24	"	0
Macon,	"	10	"	1
Randolph,	"	23	"	2
Tallapoosa,	"	21	"	5
Totals		149		13

THE SIXTH DISTRICT.

Names of Counsellors.—D. S. Brockway, M. B. Cameron, T. P. Deweese, W. A. Graham, J. A. Goodwin, W. J. McCain, R. J. Redden. J. T. Searcy, A. M. Stovall.

Fayette,	members	10	counsellors	1
Greene,	"	16	"	0
Lamar,	"	13	"	1
Marion,	"	10	"	0
Pickens,	"	19	"	0
Sumter,	"	14	"	3
Tuscaloosa,	"	18	"	1
Walker,	"	15	"	3
Totals		115		9

THE SEVENTH DISTRICT.

Names of Counsellors.—D. E. Cason, L. W. Desprez, E. S. Jones, J. M. McLaughlin, H. P. McWhorter, W. E. Quin.

Cherokee,	members	5	counsellors	0
Cullman,	"	13	"	0
DeKalb,	"	14	"	2
Etowah,	"	17	"	1
Franklin,	"	14	"	1
Marshall,	"	16	"	0
St. Clair,	"	8	"	2
Winston,	"	5	"	0
Totals		92		6

THE EIGHTH DISTRICT.

Names of Counsellors.—T. E. Dryer, R. M. Fletcher, S. H. Lowry, G. T. McWhorter, H. A. Moody, M. W. Murray, C. A. Robinson, W. C. Wheeler.

Colbert,	members	9	counsellors	1
Jackson,	"	13	"	0
Lauderdale,	"	16	"	1
Lawrence,	"	17	"	0
Limestone,	"	14	"	0
Madison,	"	29	"	5
Morgan,	"	15	"	1
Totals		113		8

THE NINTH DISTRICT.

Names of Counsellors.—G. S. Brown, S. C. Carson, R. M. Cunningham, W. E. B. Davis, R. H. Duggar, Wyatt Heflin, A. T. Henley, Jacob Huggins, C. C. Jones, J. C. LeGrand, T. D. Parke, E. P. Riggs, T. L. Robertson, T. F. Robinson, E. H. Sholl, Lewis Whaley, C. A. Wilkerson, B. L. Wyman.

Bibb,	members	15	counsellors	1
Blount,	"	11	"	0
Hale,	"	14	"	8
Jefferson,	"	100	"	13
Perry,	"	10	"	1
Totals		150		18

GENERAL SUMMARY.

The whole number of members in the State is 1, 126, and the whole number of counsellors is 100. This gives one counsellor for every 11.26 members. For convenience, we say one counsellor for every 11 members.

The first district, with 111 members and 12 counsellors, has two more counsellors than it is entitled to.

The second district, with 173 members and 14 counsellors, has two counsellors less than it is entitled to.

The third district, with 108 members and 7 counsellors, has three counsellors less than it is entitled to.

The fourth district, with 115 members and 12 counsellors, has two counsellors more than it is entitled to.

The fifth district, with 149 members and 13 counsellors, has one counsellor less than it is entitled to.

The sixth district, with 115 members and 9 counsellors, has one counsellor less than it is entitled to.

The seventh district, with 92 members and 6 counsellors, has two counsellors less than it is entitled to.

The eighth district, with 113 members and 8 counsellors, has two counsellors less than it is entitled to.

The ninth district, with 150 members and 18 counsellors, has four counsellors more than it is entitled to.

ROLL OF CORRESPONDENTS.

Revision of 1898.

Bozeman, Nathan, M. D., New York.....1889
Garnett, A. F., M. D., Hot Springs, Ark.....1875
Hoffman, John Richardson, M. D., Athens, Ala.....1890
McDaniel, Edward Davies, M. D., Camden, Ala.....1889
Mitchell, William Augustus, M. D., Eufaula, Ala.....1891
Moses, Gratz A., M. D., St. Louis, Missouri.....1874
Osborn, Thomas Childress, M. D., Cleburne. Texas.....1885
Rorex, James Polk, M. D., Scottsboro, Ala.....1891
Summers, Thomas O., M. D., Waukesha, Wis.....1875

THE ROLL OF OFFICERS.

Revision of 1898.

PRESIDENT:

HENRY ALTAMONT MOODY, M. D.....Bailey Springs.

VICE-PRESIDENTS:

Senior—SAMUEL GILBERT GAY, M. D..... ....Selma.
Junior—SAMUEL HICKMAN LOWRY, M. D.....Huntsville.

SECRETARY:

GEORGE PLATT WALLER, M. D.....Montgomery.
(Term expires 1903.)

TREASURER:

HENRY GAITHER PERRY, M. D.....Greenville.
(Term expires 1903.)

THE BOARD OF CENSORS AND COMMITTEE OF PUBLIC HEALTH.

Furniss, John Perkins, Selma.....1898–1903
Searcy, James Thomas, Tuscaloosa.....1898–1903

Sanders, William Henry, Mobile (Senior Censor).....1897-1902
Maréchal, Edwin Leslie, Mobile (unexpired term).....1897-1902
Baldwin, Benjamin James, Montgomery.....1896-1901
Franklin, Charles Higgs, Union Springs.....1896-1901
Ketchum, George Augustus, Mobile.....1895-1900
Robertson, Thaddeus Lindley, Birmingham (unexpired term)1895-1900
Sholl, Edward Henry, Birmingham.....1894-1899
Gaston, John Brown, Montgomery.....1894-1899

ORATOR:

GEORGE CLARENCE CHAPMAN, M. D.....Birmingham.

ALTERNATE ORATOR:

D. L. WILKERSON, M. D.....Montevallo.

MONITOR:

REUBEN HENRY DUGGAR, M. D.....Gallion.

HISTORIAN:

JOHN WILLIAM HEACOCK, M. D.....Alpine.

COCHRAN LECTURER:

JAMES THOMAS SEARCY, M. D.....Tuscaloosa.

STATE HEALTH OFFICER:

WILLIAM HENRY SANDERS, M. D.....Mobile.
(Official residence, Montgomery.)
Term expires 1899.

PLACE OF MEETING—MOBILE.

Time of meeting, Third Tuesday in April, 1899.

SCHEDULE OF REGULAR REPORTERS.

Session of 1899.

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(1) GLENN ANDREWS, M. D., Montgomery—
The Sanitation of Cities.

(2) WYATT HEFLIN BLAKE, M. D., Wetumpka—
The Sanitation of Prisons.

(3) WILLIAM ELIAS BROWNLEE DAVIS, M. D., Birmingham—
Neuroses sometimes following Oöphorectomy; their Duration and Treatment.

(4) TUCKER HENDERSON FRAZER, M. D., Mobile—
Antipyretics; their Uses and Limitations.

(5) LUTHER LEONIDAS HILL, M. D., Montgomery—
Retention of the Testicle; with Reports of Cases.

(6) WILLIAM JONES KERNOCHAN, M. D., Florence—
Field Surgery in Military Service.

(7) GOLDSBY KING, M. D., Selma—
The Surgical Treatment of Tuberculosis.

(8) GEORGE TILGHMAN MCWHORTER, M. D., Riverton—
An Epidemic of Typhoid Fever near Bear Creek, Colbert County.

(9) THOMAS DUKE PARKE, M. D., Birmingham—
Recent Advance in Pediatrics.

(10) WILLIAM HENRY SANDERS, M. D., Mobile—
The Late Epidemic of Yellow Fever.

(11) WILLIAM HINTON WILDER, M. D., Birmingham—
The Epidemic of Small-pox in Jefferson County in 1897 and 1898.

SCHEDULE OF THE ANNUAL SESSIONS SINCE THE ORGANIZATION IN 1868.

Selma—Albert Gallatin Mabry.....1868
Mobile—Albert Gallatin Mabry.....1869
Montgomery—Richard Frazer Michel.....1870
Mobile—Francis Armstrong Ross.....1871
Huntsville—Thomas Childress Osborn.....1872
Tuscaloosa—George Earnest Kumpé.....1873
Selma—George Augustus Ketchum.....1874
Montgomery—Job Sobieski Weatherly.....1875
Mobile—John Jefferson Dement.....1876
Birmingham—Edward Davies McDaniel.....1877
Eufaula—Peter Bryce.....1878
Selma—Robert Dickens Webb.....1879
Huntsville—Edmund Pendleton Gaines.....1880
Montgomery—William Henry Anderson.....1881
Mobile—John Brown Gaston.....1882
Birmingham—Clifford Daniel Parke.....1883
Selma—Mortimer Harvey Jordan.....1884
Greenville—Benjamin Hogan Riggs.....1885
Anniston—Francis Marion Peterson.....1886
Tuscaloosa—Samuel Dibble Seelye.....1887
Montgomery—Edward Henry Sholl.....1888
Mobile—Milton Columbus Baldridge.....1889
Birmingham—Charles Higgs Franklin.....1890
Huntsville—William Henry Sanders.....1891
Montgomery—Benjamin James Baldwin.....1892
Selma—James Thomas Searcy.....1893
Birmingham—Thaddeus Lindlay Robertson.....1894
Mobile—Richard Matthew Fletcher.....1895
Montgomery—William Henry Johnston.....1896
Selma—Barckley Wallace Toole.....1897
Birmingham—Luther Leonidas Hill.....1898

THE SCHEDULE OF THE ANNUAL ORATORS.

Gaston, John Brown—Mobile session.....1869
Ketchum, George Augustus—Montgomery sessson 1870
Anderson, William Henry—Mobile session.....1871
Weatherly, Job Sobieski—Montgomery session.....1872
Jordan, Mortimer Harvey—Tuscaloosa session 1873
Seelye, Samuel Dibble—Selma session.....1874
Ketchum, George Augustus—Montgomery session.....1875
Michel, Richard Frazer—Mobile session.....1876
Fournier, Edmund Henry—Birmingham session.....1877
Riggs, Benjamin Hogan—Eufaula session 1878
Mitchell, William Augustus—Selma session.....1879
Baker, Paul DeLacy—Huntsville session..... 1880
Baldridge, Milton Columbus—Montgomery session.....1881
Bryce, Peter—Mobile session.....1882
Sholl, Edward Henry—Birmingham session.....1883
Sanders, William Henry—Selma session ... .1884
Searcy, James Thomas—Greenville session.....1885
No oration delivered—Anniston session.....1886
Huger, Richard Proctor—Tuscaloosa session 1887
Baldwin, Benjamin James—Montgomery session ..... .1888
Coleman, Ruffin—Mobile session.....1889
Inge, Henry Tutwiler 1890
Riggs, Edward Powell—Huntsville session 1891
Wyman, Benjamin Leon—Montgomery session.....1892
Andrews, Glenn—Selma session..... 1893
Blake, Wyatt Heflin—Birmingham session.....1894
Cunningham, Russell McWhorter—Mobile session.....1895
Maréchal, Edwin Leslie—Montgomery session.....1896
Hill, Robert Sommerville—Selma session.....1897
Harper, William Wade—Birmingham session.....1898

THE OBITUARY RECORD.

BARBOUR COUNTY—John Wallace Drewry, M. D., mc Jefferson 49 cb 81, Eufaula.

BULLOCK COUNTY—C. B. Leitner, M. D., mc univ Maryland 47, cb Russell 85, Flora. Cancer of stomach W. S. Swanson, M. D., mc Atlanta 57, cb 80, Union Springs. Heart disease. J. O. Zeigler, M. D., mc Atlanta 80, cb 80, Perote. Paralysis.

CHOCTAW COUNTY—D. T. McCall, M. D., DeSotoville. W. W. Johnson, M. D., Melvin.

FAYETTE COUNTY—A. W. Agnew, M. D., Fayette. Angina pectoris, November 12th, 1897.

FRANKLIN COUNTY—C. P. Banks, M. D., Newburg.

HALE COUNTY—T. R. Ward, M. D., Greensboro. F. M. Peterson, M. D., Greensboro.

JEFFERSON COUNTY—J. C. Dozier, M. D., mc univ Nashville 58, cb Perry 79, Birmingham. Died October 8, 1897, of liver disease. W. H. Johnston, M. D., mc univ New York 67, cb Dallas 78, Birmingham. Died April 3, 1898, of apoplexy. Charles Whelan, M. D., mc univ Louisiana 66, cb Hale 78, Birmingham. Died October 28th, 1897, of Bright's disease.

LAUDERDALE COUNTY—O. B. Sullivan, M. D., Waterloo.

LAWRENCE COUNTY—R. M. Simpson, M. D., mc univ Vanderbilt 87, cb 87, Moulton. Died May 1, 1897.

MARION COUNTY—W. R. Griffin, M. D., mc Chattanooga —, cb Fayette 97, Hamilton.

MOBILE COUNTY—G. H. Fowler, M. D., mc univ Pennsylvania 61, cb 78, Mobile. Died October 20, 1897. William Paton, M. D., mc univ Alabama 76, cb Wilcox 78, Mobile. Died March 17, 1898.

MONROE COUNTY—H. C. Bradley, M. D. Died of apoplexy. J. S. Jenkins, M. D. Old age. J. W. Shomo, M. D., mc univ Transylvania 55, cb 77, Mt. Pleasant.

MONTGOMERY COUNTY—S. D. Seelye, M. D., mc univ New York 55, cb 78, Montgomery. Died February 23, 1898. J. R. Jordan, M. D., mc univ Maryland 84, cb 84, Montgomery. Died March 27th, 1898. C. N. Dorsette, M. D. (colored), mc univ Buffalo 83, cb 84, Montgomery. Died December 7th, 1897.

RUSSELL COUNTY—H. H. Allen, M. D., mc Georgia 83, cb 88, Oswichee. Died of appendicitis.

SUMTER COUNTY—J. F. Allison, M. D., mc South Carolina 50, cb 78, York. Died of cancer.

TALLADEGA COUNTY—B. W. Toole, M. D., mc univ Nashville 61, cb 86, Talladega. Died March 27, 1898, of appendicitis.

WALKER COUNTY—V. M. Miller, M. D., Townley. Died of cirrhosis of liver.

WINSTON COUNTY—H. B. Freeman, M. D., Mellville.

THE APPENDIX

OF

MEDICAL AND SANITARY DISSERTATIONS AND REPORTS.

THE ANNUAL ORATION.

By William Wade Harper, M. D., Selma,

Member of the Medical Association of the State of Alabama.

Mr. President, Fellow-men of the Medical Association of Alabama, Ladies and Gentlemen:

An audience sees the glitter of an opera, or hears the wit and merriment of a comedy, regardless of the trials and disappointments of the actors behind the scenes.

The waiting multitude looks with admiration at an army on dress parade, and hears with delight the martial music and longs for the apparent sunshine of a soldier's life, unmindful of the darkness of the night, the suffering of the camp, the weariness of the march or the dangers of the battlefield.

The uninitiated often look with envy upon the physician while he seems to enjoy the luxuries of life, and receives the honors of admiring friends, and they desire to enter the open door through which wealth, pleasure and ease come so readily to him, forgetting the shadows through which he had passed, the arduous toil endured, the anxiety of mind, and the ceaseless struggle for fame and fortune.

There is a summit where the sun shines, and a valley where sorrow veils, in the experience of every human being, and as our profession cannot be exempt from either, permit me to present to you tonight a picture of The Lights and Shadows of a Doctor's Life.

As the rosy fingers in the East betokened the approaching dawn of the sixth day, the drowsy lilies awoke in glee to greet the first rays of the rising sun; amid the sparkling dew drops that hung like dazzling jewels from every leaf,

and between the overtures from nature's warbling choir, man was born. Made in the image of his Creator and clothed in the royal garb of that day, he took the oath of office as president of the Garden of Eden. Fortunately for him, the new woman had not yet appeared, and in making up his political platform he was not handicapped with planks for dress reform, nor woman's suffrage. But after a short and uneventful term of office a shadow crept across his life. He was alone. His existence was incomplete without the love and counsel of a true woman. The great Physician was consulted and under the first anæsthetic a rib was excised. The success of the operation is fully shown by the lovely ladies who grace this occasion. Ever since the gorgeous awakening of that happy day, the physician has become an essential and integral part of the world's existence, and will be an important factor in promoting its welfare until the lengthening shadows proclaim the approaching end of the last day of time. How the light shines in his face as he receives a hearty welcome, whether he knocks at the hovel door, or rings a palatial bell; as he first heralds the existence of the promising offspring, or greets the children with an affectionate smile, as he imparts health to the weakened bodies of the young and strength to the wasted energies of the old. But see how the light fades and the shadows appear as he spends his surplus cash in buying presents for his various and sundry namesakes, as he goes in debt for books, instruments and appliances, and as he realizes the lack of appreciation on the part of those who have received the benefit of his faithful services.

Let us follow him from his medical cradle to the evening of his professional life. In this day of sharp competition and enlightenment of the public upon scientific matters, bombastic ignorance in medical men is no longer tolerated, and every aspiring Æsculapian who desires success, must have a thorough classical education as a preliminary to the study of medicine. After years of preparation among the living and the dead, he reaches the portals of the "green room," through which he must pass before he can legally

tread "those paths whose glory leads but to the grave." Having received his diploma, the zenith of a doctor's glory has been reached. Never again will such rapturous thoughts fill his soul. Visions of fame and dreams of wealth like an enticing panorama spread themselves before him. His teachers are men of prominence and their offices are crowded with patients, and the medical embryo vainly imagines that he has but to make his presence known, when suffering humanity will eagerly seek his advice, and pay handsomely for his services. After weeks of undisturbed waiting, a man with a red and swollen hand hurriedly comes into his office. The young doctor makes a most thorough examination and with arrogant pomposity diagnoses erysipelas, giving a gloomy prognosis. But the patient knowing that he had but a few minutes before been stung by a bumble bee, departs in search of an older and more experienced head, while the young doctor's visions of a fee

> "Are like the poppy spread,
> He seizes the stalk, the bloom is shed;
> Or like the snow falling on the river—
> White for a moment, then vanished forever."

Then he sees "that all that glitters is not gold," He fails to see fulfilled the bright expectations of his graduation day. Many of his evanescent dreams are daily dissipated by the actualities of life, and he realizes that if he wants a share of public patronage he must show himself worthy of its favors.

First of all, he must learn to bridle his tongue, for he can be assured that the day is coming when his path will be strewn with thorns. There is, in every community, a class of people who take an especial delight in rendering a doctor's life miserable. They go around with armed tongues and carry gloom to the hearts of the people by predicting a very sickly year because they say "they never have seen so many flies and young doctors." They are very attentive to the sick, calling upon your patients with great regularity, never failing to criticise severely the medical attendant, and

never losing an opportunity to create doubt as to the proper treatment. Their visits always impress the patient, for he is told of all the possible and impossible complications that could arise. What is to be done under such a grievance? If it is a man, war can be declared; but should it be a woman—which is the case occasionally—the sooner the doctor arbitrates and forms a peaceful alliance, the better for him, for rather had a physician never been born than to incur a woman's displeasure.

There are many disappointments in one's professional life. You do a brilliant surgical operation and after months of careful watching, you see a successful result. You are proud of having wrested, under Divine guidance, another victim from the grave and preserved for a while longer the temple of clay. But your pride is

> "Like the summer rose,
> That opens to the morning sky,
> For e'er the shades of evening close
> 'Tis scattered on the ground to die."

As friends, overlooking your skill, ascribe the cure to a good constitution and the mercies of God.

Again, you see yonder beautiful maiden infected with the germs of consumption. You watch with sorrow the delicate tints fading from her rosy cheeks. Her large, lustrous eyes plead most eloquently to you for help, but, alas! medicine stands at bay in the presence of such a foe. But, ladies and gentlemen, I believe that there are many before me tonight who will live to see this monster throttled. We are on the eve of the greatest revolution that medicine has ever known. Surgery has made us stand in awe with the audacity with which it handles the organs of life, but medicine is soon to be crowned its King. From the investigations that have recently been made, I verily believe the time is not far distant when every disease will be known to be caused by a specific germ, and for which there will be a specific remedy.

> "Seven cities begged for Homer dead,
> Through whose streets the living Homer begged his bread."

So, while there is now a partial eclipse of the Star of Koch, this generation shall not pass away until they shall have seen consumption, a disease that kills 20,000 people annually in New York city, cured by a modification of Koch's lymph.

These are a few of the shadows that fall across our paths, but shadows tell of light. Therefore, there is a bright side to the physician's life. To the doctor who loves his profession, there is no life so fascinating, no work more pleasing, and no occupation where the non-financial compensation is so great. To a great many patients the happiest hour of the day is when their physician calls. How eagerly do their eyes scan his face for any ray of hope. His cheering words are like sunbeams that chase away the shadows, and the warm, sympathetic grasp of his hand thrills their souls with joy. And how joyously beats the physicians heart when he sees signs of returning health. Maybe it is a father that has met with a serious accident and now lies hovering between life and death, while the wife and children tearfully await the result. Much depends upon the skillful manner in which the doctor handles the case. The responsibility weighs heavily, but the pleasure is incomparable when your efforts prove successful. The tear-stained faces are wreathed in smiles and the words of praise that fall from the lips of this grateful family tinkle more tenderly and sweetly upon the physician's ears than do the sweetest strains of music. Maybe it is a babe in the throes of disease. Your sympathies are at once aroused to see in pain this dear little innocent, the emblem of peace and purity. You handle it with a woman's hands and treat it with redoubled care. For days and nights the distracted mother watches over it most tenderly, anxiously hoping for a favorable crisis. Gentlemen of this Association, what could buy from you that mother's look when you tell her the baby will recover? The pleasure of that look can be excelled only by the vision of John on the Isle of Patmos, who, looking through the windows of heaven beheld the glories of the new Jerusalem—show me the man who says medicine has not its bright side, and I will show you a man sordid in motives and callous to every finer feel-

ing. There are many too poor to pay for medical services, but none so poor that doth not receive them—doctors, like politicians, do a great deal of work for nothing. But often the doctor is surprised at the compensation, for as a ragged coat often covers a rugged heart, so does a sheetless mattress sometimes hide a bank account. Not many years ago, one of your prominent physicians was called to the South Highlands to see a German gardener. The surroundings betokened poverty, and after a hurried examination the doctor prescribed and told the patient that he had better call in a nearer physician, there being several good ones in the vicinity. The patient preferred not to make a change, but as the doctor saw no prospect of being paid, he insisted upon being relieved. Finally the patient agreed to the release, and pulling out a large roll of money, handed the doctor a ten dollar bill and asked him to take his fee. The doctor was astonished and at once instituted a second examination of pulse and tongue. At its conclusion, he informed the patient that he did not like his color, that he was sicker than he at first thought, and that he had better call the next day. "Never mind," "Doctor," said the patient, I will call in one of the nearby physicians whom you have so highly recommended."

We are, at this time, enjoying one of the greatest pleasures in a physician's life. We have for a few days lain aside routine cares and have assembled in convention for the purpose of scientific advancement and the betterment of our race.

> "Of old when Scarron his guest invited,
> Each guest brought his dish,
> And the feast was united,"

so at these annual feasts of reason, each doctor brings his quota of knowledge as a contribution to the general fund. The scholarly papers and their learned discussions place the physicians of Alabama in the front rank of medical progress. In addition to the scientific character of our sessions, there is the social side—the meeting of old friends and the formation of new ties. To our bachelor doctors these Con-

ventions are especially attractive for through the afforded opportunities, more than one partnership has been formed. So young ladies of Birmingham, those of you who are wedically inclined may enter the profession without becoming a doctor.

The physician is not only called to relieve pain and thwart death, but he is expected to protect the home from invasion by the common foe. We find him probing the cess pools of India in search of the cause of cholera, never wearying in his work until he had shown to the world that this dreaded disease was due to a germ that infests the streams of that country. He also demonstrated that the disease was not contracted if the drinking water was boiled. By his researches we know the causes of typhus fever the scourge of our jails, and scurvy the curse of our ships. And through his efforts, the civilized world is today practically purged of these cankers.

A few months ago our country was shocked by the appalling disaster which befell our warship Maine, and our patriotic sons and daughters will erect a befitting monument to the memory of those who fell asleep beneath the murky waters of Havana harbor. But how many shafts of stone will be reared to commemorate the lives of those physicians who perished upon the fields of Cuba while studying the cause of yellow fever? They died that you and I might live. Last summer when yellow fever like a bird of evil omen spread its wings over the Sunny South, the people became panic stricken and many fled for their lives. But the physicians as individuals and members of Boards of Health remained at their several posts of duty, and faithfully guarded their sacred trusts. In many instances theirs was a thankless task, but they had the consciousness of knowing that they had done what they conceived to be their duty and this was a sufficient compensation.

And now let us try to remove another shadow from the pathway, so that the brighter light may be revealed. It has been said that the habitual study of the human organism tends to materialism, and perhaps some who have

been prominent in the profession have adopted materialistic views. Constantly occupied with the material fabric, familiar with its nicely adjusted mechanism, observing the varied and marvelous products of matter, they ultimately so dignify and exalt matter and the powers of nature as to attribute to that source solely, all that we see and know of man, intellectual and spiritual, as well as physical. Such men claim that not only animal, but intellectual and spiritual life, are only products of material agencies belonging to the mortal body, that when one dies, the other dies, and that there can be no future spiritual existence. We do not enter into an elaborate argument now to prove that man has a soul independent of the body. All admit that we can determine the existence of matter by the properties of solidity and extension, and why may we not also determine the existence of spirit in man from the qualities of thought and reflection? Under the shadow of materialism, the physician would reply that thought and reflection are the result of certain combinations of matter in the human organism. But where is the ground for this statement? Where, in all the researches of physiology has there been discovered the first trace of mind or thought resulting from combinations, or laws of matter? Men of high intellect and exquisite skill have been for ages scrutinizing and searching every part of the wonderful structure which constitutes physical man, but never yet have they discovered the contrivance or the forces which produce the thinking principle. We know how the eye is arranged for seeing, how the arterial and nervous systems, with the heart, are arranged for the circulation of the blood, how the stomach and affiliated organs perform the offices of digestion, and how all the functions of animal life are provided for and carried on, but no man has yet pointed out the organization by which thought or moral principle is produced. They do point to the brain as controliing all voluntary action; they tell us that it is a finely constructed galvanic battery, projecting the electric current through the nerve tissues and that thus the hand, the foot,

the lips, the tongue, are brought into use and controlled at pleasure. But this leaves the great mystery still veiled and the shadow still impenetrable. What controls the brain? What sets in motion that cunningly devised battery? Where and what is that mysterious power which says to this mervelous mechanism "Go" and it goeth "Stop" and it stoppeth? In our telegraph offices there are batteries and connected wires extending over continents and under seas, but the battery does not work itself. It needs the skillful fingers directed by an intelligent mind to put it in play and send the message. Without this it is dumb and useless. By another effort to drive away the shadow the physiologist, proud of the progress of his science, applies the galvanic battery to a dead man's tissues, and the dead man open his eyes, distorts his face, lifts his hands or jerks his limbs and straightway the physiologist says: "Have I not found the principle of life? Electricity is the force which keeps the human machine in motion, we are on the right track now. We shall be masters of the secret as to the entire motive principle of living, thinking men." But is this true? All that he has proved is that this force of nature, electricity—is simply an agency for carrying on the human functions. The point as to what sets in motion and controls this agency remains still untouched. Does the galvanic battery make the dead man speak? Does it bring him expressions of joy or sorrow? Does it restore his intelligence? Have the results of the experiments reached beyond the animal fabric?

Materialism and scientific research cannot demonstrate the nature of the connection between mind and matter. There is no evidence to prove that mind is the product of matter.

But the shadows vanish from the life of a physician and the brighter light shines upon it as he recognizes the fact that mind is one thing, and matter is another thing—that although he knows the material-man to the utmost of human knowledge, there is still before him the unsolved question as to his spiritual nature and that between the two there is

a great gulf fixed; he knows that he can hold the wonderful mechanism of the human body in its proper relation by his skill, he can place it upon the altar as a monument of beauty and symmetry, but the fire that illumines it, and the energy that gives it motion and intelligence must come from the hand of the Divine Physician, and as he recognizes this higher power, and stands in the glow and radiance of this supernal light, he sees that there is imparted to us a spiritual nature, endowed with rational, moral and immortal faculties, far higher and nobler than belongs to dust and ashes.

May that light shine in ever increasing splendor upon every member of this Association, so that as the shadows and doubts of life disappear, each one may enter into the perfect consciousness of a soul redeemed and purified.

THE MONITOR'S ADDRESS.

By George Summers Brown, M. D., Birmingham,

Junior Counsellor of the Medical Association of the State of Alabama.

Mr. President, Ladies and Gentlemen:

Allow me first to express my thanks to our President for the honor of the appointment to deliver this address.

It pleased me greatly at the time I received it, but until I was well along in the preparation of this paper, I did not fully realize what a stupendous compliment the gentlemen had paid me. I was saved, however, from being overwhelmed by the flattery of the thing, by the reflection that as our President had never been monitor himself, he could not know what an obligation he was putting me under, otherwise he would probably have selected some one else.

Now, I am not joking at all, in thus hinting at the delectable privilege of talking for twenty or thirty minutes to the largest meeting the Alabama State Medical Association has ever had. Think what it must mean to one who has always felt that he was just born to criticise and give advice, but, who up to the present moment has, by a blind and unappreciating fate, been kept from his rightful heritage; what rapture must he at last feel to be invited to get up and in his own way and time tell such a body of men how they ought to behave, and how they ought not to behave. It being established by long usage (if long usage ever established anything), that his audience must hear him out. I shall not, however, speak altogether of our conduct, nor even particularly of it. The subject I have selected is "The Physician as a Teacher," and in dealing with it I think I

shall show that I have more pleasure in recounting what he has done, and is doing, and will do in the future, than I have impudence to quarrel with what he does, or ability to show him what he ought or ought not to do.

A certain amount of legal, theological and medical knowledge of uncertain value is, perhaps, the natural right—at any rate they possess it—of that large class technically characterized by us as other people or the laity, according as we feel superior or merely dignified. In medical matters, the individual of this large class often gets to be exceedingly erudite; and he is always ready with the most emphatic and sometimes startling opinions whenever sickness in his immediate neighborhood arouses his interest. Being thus forced to form opinions, and often to act upon them, it falls within the scope of the duty of his medical advisor to furnish him with reliable data with which he may form opinions intelligently. I would not be understood to mean that we should try to educate our patients up to making a diagnosis of Bright's disease, for instance, or to deciding whether or not an appendicitis should be operated upon. I would not have them think for a moment, that they could safely assume such professional responsibility, but, on the contrary, we should so teach them that they might know enough *not* to do these things, and be able to use some good judgment in selecting a medical man to decide such questions for them; questions medical, medical men only can decide.

We should leave no stone unturned in our efforts to gain knowledge, but having gained it, and being in the way of gaining more of it, we should boldly and pertinaciously insist that the public's safety for certain things lies in us; that we are the only responsible practitioners of medicine. We should insist that garrulous friends who visit the sick room, and prescribe some patent cure—all over the physicians' head, or behind his back, are ignorant and dangerous. Our patients should be made to see that such opinions and advice (like all cheap things) are usually worthless, and too, that no sense of responsibility goes with them. No matter what the result to the patient may be, no verdict,

other than meant well, can possibly attach to these non-professional advisors. To the beginner, the attempt to educate his patients in this way, seems but a thankless task, if not a self-destroying one; and, indeed, it is one he can ill afford. One trouble with him, however, is that his explanations fail to explain. His desire is to please, and when a patient or over anxious friend asks him to explain what the sickness is, he tries to do so, and after wasting half an hour this friend or patient goes away thoroughly satisfied that he understands the young practitioner perfectly, and the doctor thinks he does too, but next day this pupil comes back at the doctor with another question or opinion, which shows at once that he has totally misinterpeted all he heard the day before. A parallel case to the old lady who declared that the doctor said she had slugs in her liver, and on being told "Oh! no, he said you had a sluggish liver," she replied, "yes, thems just the words he used." After a few such experiences, the young practitioner sees how impossible it is in half an hour's time to educate any one up to the point of view to which he, himself, has attained only after years of observation and study. He may recall, indeed, that his own receptive and reasoning powers have improved from year to year; that words which fell from the lips of his wise, old professor a few years ago, have a totally different meaning now; and he finally sees that by reason of such misinterpretation, his explanations only cheapen his knowledge in the eyes of his patients. Most of our patients have never been drilled in any scientific study; natural phenomena, a knowledge of which constitutes the very woof of a scientific education, are often unexplained and unexplainable mysteries to them. All things and phenomena are to them but a mass of unrelated odds and ends and accidents. They have had no glimpse of the universe as a mosaic, in which all things have a part, even disease, as John Hunter said long ago. How impossible is it then for us to put them in our places, and make them see with our eyes; if we could, they would still understand with their own elbows. We do owe our patients and their anxious friends explana-

tions of their troubles, but in the main they ought to be explanations of how impossible it is for us to explain. If you tell them the truth, they will misinterpret you and quote you to your undoing, if you lie to them you will get in the habit of it and the dullest miracle lover in the community will find you out in time. What you do tell should be the truth, but that should be as little as possible. The physician stands upon a higher ground as an educator, however, than his lessons in pathology and physiology. If he is a man with the qualifications of a teacher, his influence is unlimited. Even the educated medical or scientific lecturer, although his words may cover a larger territory, does not get the ear of the daily business man when it is alert with such vital interest as does the family doctor. *He* talks in time of trouble, when the very soul thirsts for knowledge. He talks to the convalescent who is being born into a new world, and the cheerful, hopeful, simple relating of the beauties and beneficiences of nature as they are revealed to the scientific observer only, falls likes balm on the stricken spirit, and bids it take hope again and love the beautiful world. By, as we see it, stimulating those brain cells which preside over the desire to live. There is no other teacher who knows his pupils so well as the doctor—provided, of course, the doctor has the seeing eye—is qualified. He is the only teacher who knows that the hour of the day, the state of digestion, pulse and temperature, have all imaginable influence in modifying a pupil's receptivity for different kinds of knowledge. He knows better than other teachers that a pupil on an idle day for instance, with perfect physical and mental strength, may drink in gratefully the scientific data of psychology and moral philosophy; that when he is worn and depressed, and spiritless, a poem of the summer time, or a story of the birds and flowers, will cheer and stimulate or, as the teacher sees it, will fill out those collasped brain cells. This is a weighty trust we carry. We are compelled to do a great deal of teaching whether we like it or not, and we should mind alertly that we do not teach error. The doctor, I take it, should be on one long aggresive hunt for

truth. He should go to the bottom of all things and try to separate the truth from error, and then he should boldy assert his strong convictions where the good of mankind is staked. He must withhold the truth, of course, where it would cause unhappiness, and could do no good, but he should never cease to load himself with it.

In studying the history of medicine, we get occasional glimpses of the manners of medical men in their relations with their patients and with each other. We find that as medical knowledge has accumulated and become more valuable, medical manners have improved and become more honest. When medical knowledge was its crudest, the prevailing conduct of its devotees was such as exists among us today as the rankest quackery. The very meagreness of their knowledge compelled them to pretend to all knowledge. But even as one who attains to positions of dignity needs less and less to assume it, these our professional forbears here and there culled a truth which they added to the slowly growing mass of knowledge, and thus gradually lessened their own and our necesssity for red fire effects. Today the personality of the doctor is much, but through all the history of medicine down to very recent times, it was everything. In early times (that is in medicine we might say from Galen down to this century) the sameness of the method by which each prominent character came to the front is really tiresome reading. Each succeeding founder of a school customarily tried—and usually succeeded—to prove that all previous knowledge and methods were mistakes, and that he, alone, was the discoverer and dispenser of the true business. The dogmatists and empirics warred against each other; the methodics took a middle ground until the pneumatics arose and smote them to be in turn destroyed by the eclectics. Pretence was the fashion, as it will always be in the absence of accurate knowledge, and the success following was usually measured by its impudence. Galen even, whose reputation was more far reaching than any other save one, was not by any means free

from the common fault. Hippocrates alone seems to be the only one of that old school who at all resembles the high-minded, scientific, medical gentleman so common in our ranks to-day. He *was* scientific; he loved the truth for truth's sake and believed that all truth was good. It is true he had theories about pathology and physiology which were vague and largely wrong, but that was due to his lack of facts, but when he came to treat disease, he recognized nature as the real curative agent, and in effect said to her in all reverence "yours is all the power to cure disease." "My office is to try to understand you and assist where I can." The very type of our best doctors to-day.

The laity are slow to grant that medical knowledge is ours exclusively. When one of them is much sick himself, it is true he ceases to be disputatious on the subject, and wants the best doctor sent for, but where it is only his wife or child or friend, he clings to a pet theory that the doctor does not know it all. This, of course, is true as well as that we frequently make mistakes, and that our old lady rival, (that terror of the young practitioner) is frequently right when we are wrong, still the lesson we should preach is that we are more apt to be right than any one else. One thing that makes the laity give in to us with reluctance is, that we tend to be autocratic, and are suspected of believing ourselves omniscient. All doctors who keep much away from their brother practitioners do get to be egotistical. They get to be satisfied with their own petty experiences. They do not read. They put their two or three ill observed and non-recorded cases against the thousands of accurately observed and recorded cases in the books. They get so dictatorial, and boss their whole neighborhood around in medical matters so long, that after a while they can't bear the sound of another doctor's voice. Galen got that way; he had a consultation with another doctor one day, and because he couldn't make the fellow see the thing as he did, he threw him out of an upper window and broke his neck. Haller, the great physiologist, delayed the study of biology more than a hundred years by crushing the zeal out of a young

whipper snapper named Wolff, who had the audacity to insist on some theories which Haller had already said would not work. Being a great man, of course, he could not take anything back, and being an old man and a long established boss, he would not learn anything new, so young Kasper Freidrich Wolff had to go, and knowledge was the sufferer. Of course, after knowing all there is in medicine, it is an easy slide to knowing all there is in theology, law, and the money question. Then it is the humble retainers and neighbors of these isolated autocrats begin to suspect their doctor of fallibility in medicine, and to weigh their own opinions and remedies against his. Our duty is to teach, no matter who the doctor, nor what his surrounding darkness is, his medical opinions in the long run are more trustworthy than those of any *non-medical, irresponsible, lay practitioner;* that practitioner who reminds us of the old deacon who Huck Finn said built a church and preached there every Sunday, and didn't charge nothing for it, and it was worth it.

Of course, all of us who attend medical societies, know their value in keeping down this egotism and dogmatism, which is a fault of so many doctors entrenched in their little communities. We owe it to every hamlet presided over by such a doctor, to use every means we possess to get their medical autocract interested in this Association. I think I have one or two good ideas about how this ought to be done, but this is matter for private laundering which will be attended to under the order of miscellaneous business.

As medical science progresses and becomes more and more exact, the medical man becomes less pretentious and more efficient and honest. Every year as the terms of a medical education become more severe, and the study itself and its rewards become more satisfying, a better and better grade of men are induced into the ranks.

A science deals with the phenomena of nature, hence its progress is limitless, and its devotees are furnished that mental food which brings most satisfaction: a daily progress in well doing each step of which is liquidated on

the spot in happiness. And medicine is all that to-day. "We live in deeds, not years; in thoughts, not in breaths; in feelings, not in figures on a dial. We should count time by heart throbs. He lives most, who thinks most, feels the noblest, acts the best."

It is interesting to note the change which has taken place in the doctors attitude toward the public since medicine became more scientific. A few hundred years ago, all successful medical practitioners had manners like those we term quacks to-day. They had as many mystifying appliances and mixtures, and as many fantastic effects in speech and dress as we find used by those who practice among the barbarians, of savage, and civilized countries to-day. The study of the evolution of medical manners, like the study of the evolution of any-other branch of anthropology, finds its most valuable data and connecting links, not in the dust of the dead, but among the living. Even in a city of this size, you can find atavistic survivors of every stage of the history of medicine. Not two squares from this house is a practitioner of the old school whose race was run hundreds of years ago; he and his scattered tribe being a here and there survival of their mouldered generation, left seemingly for no purpose except the convenience of the historian. Like the big trees of Yosemite, our own gum trees, and the ornithorhynchus, without kith or kin. They are degenerate flotsam, swept from society's active current, to be carried by foul and sluggish eddies to remote ill-drained corners, there to await the death in the beams of the purifying sun of time. There is no missing link. Every stage of medical progress is not only duly recorded in the books, but has its corroborating prototype some where in the world to-day. Still, as a body, we are on a higher stage by far than ever before.

The medical teacher of a few generations ago was a rather stiff somebody, with a long coat, with terrifying whiskers or severely shaven, somewhat unapproachable, as well as irreproachable. He had much erudition, and even more style. His was the day of verbosity, and the didactic lecture. He daily grounded his ponderous opinions on the

demolished opinions of a thousand predecessors and contemporaries. Of course, where they had nothing but opinions to work on, it was clear that only one set of opinions could be right, and he scorned to soil his hands with an experiment, as he did to wash them for an operation. One not having a proper reverence for oratory, and for his wonderful talent for personal detraction, might, at this day say, that, with the jaw bone of an ass, he slew his thousands. The prevailing style of manners was such only sixty years ago, that the great surgeon Liston brought an apes skull before his class and called the students' attention to its startling resemblance in general topographical arrangement, to the head of Mr. Syme, his great rival in surgical teaching. It seems not to have occured to Liston, by the way, that he was not flattering himself.

Paracelsus, who lived in the early part of the sixteenth century, was perhaps the best example of that time of a successful practitioner; a pionier in medical progress, and a really scientific medical gentleman, according to the then liberal interpretation. And yet he claimed to have invented the Elixir Vitæ, which survives to-day under such names as Radway's Ready Relief, Lydia Pinkham's Compound, Warner's Safe Cure, and a few other alluring and alliterative titles. He lopped off much that was old and useless, and added only a little less that was new and useless. He wrote a little book for the guidance of young medical practitioners; one item of which gives an insight into what was regarded as legitimate methods then. It says, in effect: "When a messenger comes for you to visit a new patient, take your time about going; engage the messenger in conversation on the way, and question him in a casual way about the patient. The messenger being unsuspicious, and probably fond of talking, you may be enabled to make a diagnosis of the case before you get to the bed side. Arrived at the house, go in and look at the patient's face steadily for a little while, and then without asking her a single question, you may be able to tell her what the trouble is, and she will marvel at your wisdom, and will herald

your fame in every direction." You will notice the supposed patient is a lady. Some of you may at this day have seen such exhibitions of diagnostic skill. Paracelsus had plenty of common sense, shrewdness, and altogether an observing and attentive mind, but his strong points were style and nerve. He was very fond of stage effects. When he announced his discovery of his Elixir of Life, and got enough of his patients to believe in it, he gathered them about him and sat for the historical picture of beginning all medical learning over again. He lighted up the scene, and his own halo of glory by majestically setting fire to the books of Hippocrates and Galen and Avicenna, saying that under the present peculiar circumstances, they were of no further use. Paracelsus died at the age of 48 in spite of the elixir. Some historians say that Paracelsus was unusually unregular. He could not have been very much of an exaggeration of the prevailing type of fashionable practitioners, however, because they had not improved much more than a hundred years afterward when Moliere took it into his charitable head to hit the medical profession a few licks, which did it more good than anything which had happened to it previously for a century. Moliere was down on pretense, because he very readily saw that in medicine, as in everything else, it was the most convenient "wadding" to use in lack of knowledge. Moliere wrote as he did because, to any non-medical observer, the practice of medicine seemed to be *all* quackery. Certainly, that kind got all the practice. In "The Imaginary Invalid," Moliere describes a ceremony of conferring the medical degree upon a candidate, which seems an absurd and unwarranted exaggeration, and yet Locke, traveling to Montpelier some three years afterward, describes the real thing, which differs from Moliere's burlesque hardly at all. Locke describes a procession of doctors dressed in red, with black caps on their heads, followed by ten violin players; then the speech of the president against the circulation of the blood; the different compliments to the newly made doctor, and his putting on a cap,

a ring on his finger, and a golden chain around his loins. In the play we read, under third interlude, "A burlesque ceremony of admitting a doctor of medicine, in recitative music and dancing." Upholsterers (supers) enter, and prepare the hall, after which the whole assembly enter—six apothecaries, twenty-two doctors, eight bearers of some of the less poetical implements of our art, the one who is to be admitted physician, eight surgeons dancing, and two singing. They all take their places according to rank, and chant and recite, for an hour or more, a lot of stuff which the translator says "is such a mixture of Latin, dog Latin, French, and words to be found in no language under the sun, as to be untranslatable. The first verse is:

"Savantissimi doctores,
Medicinæ professores,
Qui hic assemblati estis;
Et vos, altri messiores,
Sententiarum facultatis
Fideles executores;
Chirurgiana et apothecari,
Atque tota compania aussi,
Salus, honor, et argentum,
Atque bonum appetitum."

All this is not much of an exaggeration of what can be seen in medical school commencements in some quarters to-day. Pomp and show will always be used for padding where merit is deficient.

Cato said, writing to his son: "You may take my word, as the word of a prophet, when I tell you that whenever that nation [the Greeks] shall bestow its literature upon Rome, it will mar everything, and all the sooner if it sends its physicians among us. They have conspired among themselves to murder all barbarians with their medicine. A profession which they exercise for lucre, in order that they may win our confidence and dispatch us all the more easily. I forbid you to have anything to do with physicians." Cato, who, by the way, lived to be 85, had probably met Arcagathus, who was the first physician to hang

out his shingle in Rome. He came from Greece. He was so dreadfully cruel and fatal in his practice that the community (those members of it, at least, who had not yet fallen under his kindly hand) arose and banished him. After being familiar with some of the details of the practice of Dr. Arcagathus, one is prepared to hear that it was more than eighty years before another physician ventured to Rome to locate, as we say.

Priests and others, no doubt, studied and practiced a little as a polite art, as they do now; and barbers did what surgery was done. Much, of course, was left undone, which was just as well. But there is no account of any physician who practiced medicine for a living, and did nothing else.

But we have improved—we have always improved. The most rapid strides, of course, have been made in our century, particularly the last quarter of it. Vaccination, ether, asepsis, the trained nurse, and kindred achievements are gifts to be proud of—gifts to the world of suffering from Almighty God, Providence, or Nature, as the modest toilers through whose agencies these have come, have variously acknowledged the source of their beneficent discoveries. with one exception, the great gifts coming to the world through the medical profession have been as free as the sunshine and the air. We never patent our discoveries. We think every facility ought to be given that can improve the efficiency of the medical man, for the obvious reason that what affects him vitally affects the community in which he practices.

While we always give freely of our experience to each other, in order to benefit humanity by improving our own average of efficiency, we do not get the same encouragement and help from other people. When we buy appliances to use in our professional work, we generally want the best, and they make us pay for them. Surgical knives and scissors cost just a little more to make than household knives and scissors, yet we often pay four or five times as much for them. Every tariff bill that has ever been framed has steadily maintained the tax on surgical

instruments and microscopes, except to medical schools, some of which are wealthy enough to buy all the doctors in Alabama ten times over. Who can tell what day some Congressman even may lose his life because his family physician has been forced to forego the necessity of a microscope by a fool tariff law, which he, himself, had a hand in framing? Would that not be an instance of fate's grim humor? We must fight our own battles, and in doing so we will be accused of bragging—of throwing boquets at ourselves. But while it is our duty and privilege and professional pride to give much to the public without any return, I must insist that we doggedly claim from them a meed of credit for sincerity when we disinterestedly warn them against men and things that can work them only harm. We should daily and unwearyingly preach to them many things for their good. Men can not live by bread alone, and patients can not live by pills alone. We charge them for the pills, which sometimes do no good. We do not charge them for the talk, and it often does do good. We should teach, for one thing, that all quacks have first failed as legitimate doctors; they are degenerates; they haven't the brain power to study medicine; and, worst of all, they have a moral squint, which causes them to miss utterly the scientific spirit—the atmosphere of prayer of the Hippocratic oath—the simple justice of our code of ethics. Shall we not, then, war upon such fauna? Shall we hestitate, for fear of the charge that we are jealous, to do all in our power to exterminate them, and to bring to shame the people who, through ignorance, indifference, or greed, aid and abet these sharks, who prey upon the poor and unfortunate? A quack doctor is quite a joke among you better informed of the laity, but have you no care or pity for those poor, starving thousands who spend their last dollar for vile medicine for one sick child, and hasten its end, when the money is needed to buy bread for its brothers? Is that a joke? What does your prosperous and pious newspaper prorpietor say when he takes a large part of this money, wrung from the poor, and for it prints more lies to delude

them? Can he extenuate such complicity? He laughs, and says that is legitimate matter, because everybody but fools knows that an editor is not responsible for what appears in his advertising columns; that his responsibility ends when he puts on the ink to make it readable. Yes, their joint victims are fools, and, according to his code, as such, are to be robbed. Why should he not go to the insane asylum and pick pockets? The victims would never be sharp enough to catch him. He spare them! Forsooth! Because they are a little weak in the head?

A short time ago, a poor, ignorant countryman came from near Eutaw, Ala., to consult a notorious quack about his little boy, who had a form of spinal paralysis, which is very common, and which a doctor of the slimmest experience could recognize at once as an entirely hopeless one. All the other doctors he had consulted had told him as I did—to save his money and not throw it away on quacks. The quack told him to go home and mortgage his farm for two hundred dollars, and then bring the child back and he would cure him. He had been referred to me by a friend of his whom he had confidence in. It was incredible to him that a man could be such a rapacious hyena, and he asked me, with tears in his eyes, if I thought the boy could be benefitted by giving this fellow the money; for, said he, "I could never raise that mortgage, as now I am just barely able to feed my children by working this farm; but still, if he can cure him, I am willing to risk starvation for us all." I gave him a very free and warm opinion, and I think he took my advice. He said he could not understand it; because all our Birmingham newspapers spoke in the highest terms of this man's skill. I said yes, but newspapers don't use their consciences during business hours; and I proved it by showing him where one of them, at least, had criminally lent his space to telling the people that vaccination was useless and dangerous, and that the "Electropoise" would prevent small pox absolutely. The public are, perhaps, too well educated at present on this particular disease, and this idiotic machine costs so much that poor people cannot buy

it, so that probably not much harm was done in this instance. But so far as our newspaper man knew or cared, the population at the small pox camp might have been doubled by it. It is our duty to fight these things, and to do all the talking we can to the end of educating the public as to our proper stand with them. This newspaper disgrace is the worst I know that we have to contend with. One hundred and twenty thousand doctors, and a few other public-spirited citizens all over this land, are doing all they can to educate the people in the sanitary and moral laws; and all the newspapers, (except, perhaps, half a dozen—none of which are published in Birmingham,) are doing all they can get pay for, with their daily columns of criminal, filthy and nauseating nonsense, to bring these efforts to naught. They seem to care nothing for human life. But that is not altogether the case; it is simply, that they want the money, and they find it easy after long practice to shove the consequences aside, because they are not pleasant to contemplate; just as all good people made little Joe move on 'til he died because he wasn't pleasant to look at. We cannot get the ear of the public as easily as the advertising quack can, for obvious reasons, and we are well aware that it is not politic, nor profitable, to be always telling people unpleasant truths. Still, each of us ought to make some little personal sacrifice, to help arouse a healthy and intelligent public opinion that will protest against newspapers lending their aid—in consideration of a share in the loot—to these practicers of false pretense; these sharks who obtain money under more shameless false pretense than any poor devil of a common swindler was ever locked up for. What could be more vile than robbing the poor and ignorant and sick? Giving space to these vultures to herald their lies, and other filth so vile as must cause these genteel owners of the press to wince when they see their own families read their own papers. Accusing us of jealousy will not salve their consciences. They know that our pay patients don't need our protection; it is the class that gives us most of our work and least of our pay; it is the class

we work for when editors and other pious folk are busily engaged in trying to forget that such folk exist, and to believe that quack doctors pay money to newspapers just for fun.

Our desponding but honest professional brother who thinks we are all degenerating into quacks, because his two or three neighbors are beating him in the race by underhand methods, must take heart. They cannot beat him if he will but equip himself with what medical science offers to-day; yes, a half, a fourth, a tenth part of the medical knowledge of to-day honestly used will win out against all meaner methods. Such knowledge is within the reach of the most remote country doctor now, if he can only be induced to come to the medical societies and get his interest refreshed. The country doctor has one decided advantage over his town brother—he has time for meditation; consultants and books being scarce, he has necessity for it. But he must bring his thoughts to market, or he will cease to think it worth while to produce them. Jenner probably would never have made his observations on cow pox if the indomitable spirit of John Hunter had not kept him on a hot skillet of medical zeal, through a perfect stream of letters from that individual requiring all sorts of information, investigations and experiments. Jenner, it seems, was never too busy to respond to these demands of his friend—that master of all workmen in his line, before or since—the man who had taught him how to work. Hunter wanted a bird's nest, some fact about young rabbits, or a live ground hog; Jenner always had time to find them for him. The country doctor knows his patients, and that is another advantage he has. He attends the same ones year after year, until he not only knows their constitutions and minds, their virtues and weaknesses, but he gets to love them as near relations. Patients in town are less stable, they come and go, they move about from town to town, or change with the fashionable current; they are persuaded by a friend to try our new doctor so-and-so who has just come in, and is wonder-working at a great rate. I have known one or two

instances too where the family physician was displaced, because it was not convenient to settle his bill. But the country doctor's patients *all* owe *him*, and he and they get so used to it that neither of them seem to mind it. They don't move away, and as there is no other doctor near, he is forced to attend their sick whether he likes it or not. There is no young doctor about, hungering for a call, to whom he can turn the case over, so that your country doctor soon gets to be your only real philanthropist. He gets to love these patients and their children who have such confidence in him, and often feels fully compensated in the pleasure the work gives him. His patients get to see this, and take attentions from him, involving brain and muscle and horse-killing work, with that freedom from any sense of obligation with which a babe takes its nourishment.

James Whitcomb Riley's character of Doc Sifers comprehends all this beautifully. A man who is handy about everything; knows the habits and weaknesses of his patients and friends, human and brute, and of the wild things of the woods; a naturalist, a lover of all things, a close observer, every quality in fact which makes a good doctor and nurse.

Doc hain't, to say, no "rollin' stone," and yit he hain't no hand
Fer 'cumulatin'.—Home's his own, and scrap o' farmin'-land—
Enough to keep him out the way when folks is tuk down sick
The suddentest—'most any day they want him 'special quick.

And yit Doc loves his practice; ner don't, wilful, want to slight
No call—no matter who—how fur away—er day or night.
He loves his work—he loves his friends—June, Winter, Fall, and Spring:
His lovin'—facts is—never ends; he loves jes ever'thing—

'Cept—keepin' books. He never sets down no accounts. He hates,
The worst of all, collectin' debts—the worst, the more he waits.....

And yet according to the philosophy of the far sighted and more thrifty members of our profession, he ought to have had a good paying practice; that is because he was so popular with the women, he was as much so with them as he was with the dogs and children, bees and birds.

'Mongst all the women—mild er rough, splendifferous er plain,
Er them with sense, er not enough to come in out the rain,—
Jes ever' shape and build and style o' women, fat er slim—
They all like Doc, and got a smile and pleasant word for him!

And then that other country doctor whose spirit has been embalmed by another poet:

"A' would gie onything tae say Annie has a chance, but a' daurna; a' doot yer gaein' tae lose her, Tammas." "Can naethin' be dune, doctor? Ye savit Flora Cammil, and young Burnbrae, an' yon shepherd's wife Dunleith wy, an' we were a' sae prood O' ye, an' pleased tae think that ye hed keepit deith frae anither hame. Can ye no think o' somethin' tae help Annie, and gie her back tae her man and bairnies?" and Tammas searched the doctor's face in the cold, weird light. "There's nae poorer in heaven or airth like luve," Margret said to me afterwards; "it makes the weak strong and the dumb tae speak. Our herts were as water afore Tammas's words, an' a' saw the doctor shake in his saddle. A' never kent till that meenut hoo he hed a share in a' body's grief, an' carried the heaviest wecht o' a' the Glen. A' peetied him wi' Tammas lookin' at him sae wistfully, as if he had the keys o' life an' deith in his hands. But he wes honest, and wudna hold oot a false houp tae deceive a sore hert or win escape for himself."

Doc Sifers and Weelum MacLure are in different settings and four thousand miles apart, but they would very likely know each other intimately at once should they meet in this world or the next.

We doctors like to get paid for the work we do, but only for the actual work. We do not patent and try to control our discoveries. What medical men have done in therapeutic, surgical and sanitary science has been as freely given as the rain and sunshine and the other gifts from heaven to all who wished to know it. Only renegades and pretenders do otherwise. If we make a discovery we hasten to acquaint our brothers with it, because it is the only good way of advertising ourselves. No medical reputation is

worth anything unless it is based on the approval of one's fellows. Their good opinion and theirs only is all that an honest doctor needs to strive for. When he proves himself worthy and competent before these only competent judges, he will not have to sit up at night to take care of his reputation. He can then put in all his time, as all of us should, in observation, study and practice. I venture to say that our profession is the only pursuit known to man where virtue (good honest effort) always has its reward. We are being rewarded now in the increasing respect of the laity. All seeking after truth breeds a bent of mind for honest dealing, and confidence and love are its sure rewards; and as knowledge comes and wisdom lingers, we feel sure of the laity's perfect confidence when we are entirely worthy of it.

I can not let this occasion, of which I have already taken so many advantages, pass without acknowledging for my profession, our great obligation to our ablest lieutenant, our most loyal sympathizer and constant believer in us, our noble guard upon whom we most rely in our warfare against ignorance, indifference, sickness and death—the trained nurse. Her work requires all that is mentally, morally and physically best in woman, and her reward is much—a happy, healthy life which custom cannot stale, her own, ours and everybodys approval; and the smiles on faces where have been tears of suffering and unhappiness which her hand has taken away. Edwin Arnold has written of the first one:

"If on this verse of mine
Those eyes shall ever shine
Whereto sore-wounded men have looked for life,
Think not that, for a rhyme,
Nor yet to suit the time,
I name thy name, best victress in the strife;
But let it serve to say
That when we kneel to pray
Prayers rise for thee thine ear can never know,
And that thy gentle deed
For Heaven and for our need
Is in all hearts as deep as love can go.

"'Tis good that thy name springs
From two of earth's fair things—
A stately city and a sweet-voiced bird.
'Tis well that in all homes
Where thy kind story comes,
And brave eyes fill, that pleasant sounds be heard.
Oh, voice! in night of fear,
Like night's bird's—sweet to hear;
Oh, strong heart! set like city on a hill:
Ah, watcher! worn and pale,
Dear Florence Nightingale,
We give thee thanks for thy good work and will.
England is glad of thee;
Christ, for thy charity,
Take thee to joy when heart and hand are still."

But even Florence Nightingale, with her prophetic eye and all her genius for reform and organization, did not dream of half the useful knowledge possessed to-day by the successors of Sarah Gamp and Betsy Prigg.

In conclusion, we beg you of the laity to help us as these nurses are helping us, or at least to acquaint yourselves with what we and they are doing. If we are to stay through the epidemic while you run away, you must not turn deaf ears and button up your pockets when we tell you that with your money all epidemics can be prevented. You must listen to us and work with us. It is as much your duty as ours; else as we suffer a pang when we have overlooked one of our poor patients, so may you one day have ringing in your ears that heart-breaking cry of the creator of little Jo: "Dead your majesty, dead my lords and gentlemen, dead your right reverends and your wrong reverends, dead, men and women born with heavenly compassion in your hearts, and dying thus around you every day."

HISTORIAN'S ADDRESS.

By Bryan Watkins Whitfield, M. D., Demopolis,

Senior Counsellor of the Medical Association of the State of Alabama.

Mr. President and Fellows of the Medical Association:

The Medical Association of the State of Alabama, from its inception to its now honorable position, is the life work of noble and unselfish, earnest and useful men, devoted to a profession conservative of our dearest personal interest of life and health and happiness; and which evolved that advanced system of sanitation and public hygiene, that complete and exhaustive national quarantine, which strips pestilence of its horrors, and gives security of health to our homes and our cities and to the commerce of the world.

Their place in history, is not with the heroes of war, of destruction and desolation, but with the peaceful builders of national prosperity, the gentle promoters of human happiness, the great benefactors of mankind. They are with Franklin, pioneer in electric science, who lured the lightnings from heaven down his kite string, with good old, grand old Morse, who on that lightning, flashed the winged words around the world, and brought together in instant intercommunication, the uttermost parts of the earth; with our own Southland's patriot, world's benefactor, Maury, who mapped the eternal currents of old ocean, and charted nature's bounds and courses of her winds and her storms, that all might serve man's uses in wafting his commerce around the trackless mighty deep, with those who in every department of art and science contribute to the advancement of human prosperity and happiness. They are our

Nott and our Sims, our Mabry and Baldridge and Bryce and Webb and Cochran, and all that noble host of the workers for humanity, many of them with us today, more of them, passed over to the great eternal beyond. Men who have dignified and exalted, made glorious our profession; men, who, living close to nature and to nature's God have learned of nature's secrets and her laws, and in touch with the Divine Spirit of Him who went about doing good, have brought together the eternal and infinite forces and resources of nature for man's uses and enjoyment.

These are the heroes of peace. The wail of the widow and the fatherless follow not their footsteps, but the nations rise up and call them blessed.

Such are the builders who laid broad and deep the foundations of our Medical Association, guarding well against the introduction of unsound material into the building, or of faulty methods of construction. Theirs has been good work, true and square, straight to the line. Inspired by the grandeur of their mission, they steadily pressed forward to its accomplishment, unmindful of the criticism, and opposition of intelligences too limited to comprehend the magnitude, the far-reaching importance of their undertaking; and when the fullness of time was come, for uniting and moving in mighty momentum the intellectual and moral forces of the Medical Profession of Alabama, for the elevation and advancement of its standard of excellence and usefulness, a leader was found eminently fitted by closest mental and moral self-training, an organizer for the work, and foremost in the demand for an higher education, and more intelligent and efficient medical service, at once, in equal steps with the grand old University of Pennsylvania, moved forward the young Medical Association of the State of Alabama.

I believe that no influence has been exerted upon the medical schools of our country, in the interest of a higher education, so direct and so potent, as that of this Association, of that old guard, and their successors under the leadership of Dr. Jerome Cochran.

That old guard is with us today, all present or accounted

for. We are enjoying with them the first fruits of their labors, they have won for themselves the highest niche in this Memorial Hall, a warm place in the loving and grateful heart of the Medical Profession and of the people of Alabama.

These venerable men of experience and counsel, mature men of advanced thought and action, and young men of promise, who make our Association illustrious, are again assembled in wisdom and in strength to maintain the dignity and honor of our profession, and exalt the standard of excellence and efficiency of our organization. But all are not with us today. Some of the fraternal links which then bound us together, have, since our last convention, been loosed in death. The old guard dies in harness. Seven of our brethren, full of years of honor and loving service to our profession and to humanity, have passed away, leaving us a memory, the example of pure and honorable and useful lives.

We are bereaved. We bow to His will, who hath done all things well.

First to pass away was our colleague, Junior Counsellor, Dr. David Hubbard McLain of Gurley, Madison county, Ala., May 31, 1897, suddenly stricken down by acute dysentery, while in the meridian of a bright career of prosperity and usefulness. Dr. McLain was born April 23, 1851, in Winston county, Ala., son of Allen Boston McLain, a native of North Carolina, and of Scotch-Irish descent. His ancestors, McLains, Hewletts and Hubbards of North Carolina and Virginia, achieved distinction in the war of 1812, were prominent in the politics of our country and bravely supported the Confederate cause. His early education was received at the schools of Mount Hope and in Spring Hill Academy, Tenn., under the direction of Col. John Peebles, a distinguished educator at that time. In 1872 he began the study of medicine under the instruction of Dr. J. M. Clark and graduated from the Medical College of Alabama in 1875. Practicing one year at Allen's Factory in Marion county, Ala., he moved to Marysville, and in 1879 to Gurley, where he soon established himself in a large and lucrative

practice extending over the eastern part of Madison county. June 10, 1880, he united in marriage with Miss Ella, daughter of C. C. McBroom of Gurley, an intellectual and cultured gentlewoman, a graduate from the Huntsville Female College. With one son, Allen, she survives him.

Such is the brief record of the events of a short life which, modeled after the example of the Great Physician and Healer, was spent in earnest, useful and loving service to humanity. Guided from childhood to maturity by a delicate and cultivated instinct of right, he attained to the full measure and stature of a noble manhood. As a son he was gentle and loving, obedient and considerate to the mother who in her widowhood leaned on him for comfort and support. He was an affectionate and helpful brother, a true and devoted husband and father, a steadfast friend and an earnest and humble Christian, whose heart went out with love and charity to his fellow man. With the hereditary positiveness of his Scotch-Irish ancestry he was a democrat of the old school and disclaimed political trickery as incompatible with personal honor, and was foremost in every honest movement for the public weal. There was nothing of bigotry in his loyal devotion to the forms and tenets of the Methodist Episcopal Church, of which he was a steward, but was in fellowship with the good and true of every denomination. Constant in attendance upon the meetings of the Madison County Medical Society, his forceful character imparted strength and dignity to its deliberations.

Few men so completely exemplified the high Christian and social virtues as he did. He had a personal charm, which drew little children very close to him. The love he gave to his fellowmen was returned to him love and honor.

Next to answer to the summons was Grand Senior Counsellor, Dr. Charles Whelan. Meeting him but a short while before, I saw that the fatal shaft had touched a vital spot. He spoke cheerily as one interested in current events, and in a few words at our parting alluded to his ailment and its rapidly approaching certain result. I saw that he was meeting the inevitable as only a brave man may, calm, com-

posed and trustful; passing in the sublime simplicity of his religious faith, through the Valley of the Shadow, fearing no evil,—Thy rod and Thy staff, his comfort and support.

Dr. Whelan was born in Greensboro, Ala., May 26th, 1839, son of Charles Whelan, a native of county Wexford, Ireland, and Adelina T. Whelan, of Winnsboro, South Carolina, who lived and died in Greensboro, Ala. Dr. Whelan died Oct. 28, 1897.

At Ashville, N. C., at the age of twelve under the tutelage of Col. Stephen Lee, a graduate of West Point, and a distinguished member of that historic family of educators and soldiers, was begun the preparatory course, the solid foundation of a liberal classical and literary education, which, continued two years under the Jesuit Fathers of Spring Hill, Ala., was completed in honor at Georgetown College, D. C., the oldest and most famous of the Roman Catholic institutions of learning in the country. Fresh from the schools, with mind thoroughly trained, in the rigid discipline of the college curriculum, he began at once the study of medicine in the office of the scholarly and scientific Dr. Jno. H. Parrish, of Greensboro, Ala.

The cloud of war was lowering over the Southland, and true to the instincts of his paternity, while yet but a boy, he joined at once in the fray.

Enlisting as a private in the company of Captain Weemyss, 36th Alabama Regiment, he, conjointly with the manual of arms, continued the study of medicine, and the practice as well, so usefully to his comrades that he was soon, as assistant, assigned to duty with Senior Brigade Surgeon, Dabney H. Herndon, in which service he remained until his capture at Missionary Ridge, Nov. 25th, 1863. Exchanged prisoner of war from Fort Delaware, October, 1864, he was sent in charge of the Confederate sick and wounded to Richmond, Va., where in fitting recognition of his services, and in further preparation for usefulness to the army, he was permitted by the Surgeon-General to attend the lectures of the Medical College of Virginia.

At the close of the session he was ordered to his regi-

ment at Spanish Fort near Mobile, where he did efficient service until the close of the war. In earnest pursuit of his chosen profession, he at once matriculated at the University of Louisiana, graduating from that institution in 1863. Practicing a few months in Greensboro and then locating in the rich canebrake of Alabama, he united in marriage with Miss Jane Montague, daughter of Dr. James D. Browder, a wealthy and prominent physician and planter of Marengo county, and there enjoyed a large and lucrative practice until his removal to Birmingham in 1880. Close habits of observation and analysis, sharpened with the stern exacting clinic of the battlefield, gave him a promptness and precision of diagnosis, which secured to him the confidence of his clients and the respect of his professional associates.

His warm and genial hospitality drew around him a choice society of friends. Eminently a man of business, his influence was felt alike in the building up of his adopted city, and the councils of the Medical Association. He was elected a member of the State Board of Censors in 1892.

His contributions to the literature of the profession and the Association, were of a high order of literary and scientific merit. His "Plea for the Unborn Child," whether regarded for its purity of diction, its professional and scientific excellence, or its exhaustive exposition of the ethical questions involved, is a classic.

Quietly and peacefully, as a child upon the bosom of its mother, he fell asleep, in the faith and communion of the Roman Catholic, the church of his fathers, *Requiescat in Pace.*

Next to pass through the dark portals, was Grand Senior Counsellor Dr. Francis Marion Peterson, of Greensboro, Ala., President of the Alabama State Medical Association at the Anniston session, 1886; for more than half a century loved and honored by his people, by the State and the Association, for his extraordinary literary and scientific attainment and professional ability, as well as for the gentleness and purity of his noble Christian life, wholly conse-

crate in love and duty, to his profession, to God, and to humanity. Public spirited citizen, steadfast and determined friend, skillful and conscientious physician, few men have come into such close relations of confidence and sympathy with the grateful hearts of his fellow-men.

Dr. Peterson was born in Pickens county, Ala., August 29th, 1821, worthy scion of well known and honorable famlies of the old Palmetto State. His mental and moral characteristics and habits, are the heritage of a strong ancestral stock, his name is an affectionate memorial of the loved commander, friend and hero of his Revolutionary Grandsire. His early years were spent in the toil of his father's farm, during which time he acquired the simple rudiments of learning.

Financial reverses of his family, debarred him from the coveted advantages of a collegiate education; but a strong will and determination to advance in the pursuit of knowledge, secured a way by which, after three years of teaching, he had acquired the means for defraying the expenses of a medical education, to which he had meanwhile studiously applied himself. After attaining to his majority, he continued the study of medicine in Columbus, Miss., under the teaching of a learned physician, Dr. Lincecum, and at the same time from a competent teacher he received instruction in the branches of a classical and scientific education.

In 1845 he attended a course of lectures at the Medical Department of the University of Pennsylvania, and the Clinics of Blockly Hospital. In 1846, locating for the practice of his profession at Greensboro, he married Miss Amanda Shivers, who died in 1858, leaving him three sons. The oldest of these, Dr. J. J. Peterson, filled the measure of his father's highest ambition, an accomplished, successful and beloved physician, who dying at thirty left a son, Dr. Edward Wadsworth Peterson, who in the same profession proves himself worthy of the stock from which he springs. The other sons fill high and honored places in the ministry of the M. E. Church, South.

In 1861 he married a second time, wedding Margaret, daughter of Dr. Alex. Sledge, a man whose name had been for half a century in many homes a household word of honor, love and confidence.

After twenty years of successful practice, urged on by his insatiable thirst for knowledge, he secured the diploma of the University of New York in 1869, and immediately resumed his practice at Greensboro. In 1872 he became professor of Materia Medica and Obstetrics in the Southern University at Greensboro. His lectures were characteristic of his learning, attractive and forcible. He was an able writer on all subjects allied to his profession. A profound and original thinker, he ranged over the whole domain of thought, and from every department of literature and science, he gathered the choicest treasures of knowledge. All these with the instinctive altruism of his great heart, he applied to the advancement and elevation of his loved profession, and to the upbuilding of this great institution, his life's contribution to the welfare and happiness of his kind. An optimist in all things, his faith was in the final triumph of right. He never deserted a principle because of its present unpopularity, but would go down in defeat with the right, rather than stand in triumph with the wrong. Straight forward, honest and sincere in all things, he was foe to the meretricious arts of the trickster and the charlatan. Charitable and kind, and mindful of his own early struggles, he would reach down his hand with sympathy and aid to honest and honorable effort.

Mid the privations and scant educational advantages of his early life, his imagination had created a perfect model of a noble, honorable and useful manhood, and with constant earnest endeavor, he strove to realize in himself the completeness of his boyhood ideal. How closely he had conformed to that ideal is attested by the record of his long professional, social and religious life, through years of patient suffering, borne with uncomplaining Christian fortitude and resignation.

I met him last an year ago, and mid the generous and re-

fined hospitalities of the home he had builded around him, of designs from his own heart, I saw in the husband and father, the friend and the good physician, the completeness of a strong elemental character, self-contained, original and unique, the product of generations, developed and expanded by a long life of closest study, and loving communion with the great sciences of humanity, with the noble thoughts of the ages, and the surroundings of an intellectual, cultivated and refined people, himself the ornament and light of the society in which he moved. His big heart throbbed in generous sympathy with his fellow man, and with skilled brain and hand, went out in ready response to the call of sorrow and suffering and want and woe.

I knew nothing of the special tenets of his religious creed, but in the hour of our last meeting around his own hearthstone, I found there were none of the little isms that would separate him from his fellow man.

His words and actions in the councils of the Association and elsewhere, were full of that charity which is the bond of peace, and the perfection of every virtue. Peace to his ashes. Honor to his memory.

Dr. Samuel Dibble Seelye, Grand Senior Life Counsellor of the Medical Association of Alabama, was born at Bethel, Conn., March 14th, 1829, and died February 23, 1898. He was of Welch descent, his ancestors coming to this country in 1665. The Seelye family both in England and in America has achieved high social and literary distinctions. Young Seelye completed his literary course in the Danbury Academy, and after a short interval of mercantile life, entered on the study of medicine, graduating from the University of the City of New York in 1855. He began in New York city the practice of his profession, but after two years he discontinued it on account of ill health. In 1859 he established himself in Montgomery, where he soon achieved a high reputation as a public spirited citizen, and leading physician of the State. Foremost in the Committee of Health, and in all public enterprises, he contributed largely to the upbuilding and prosperity of his adopted city.

Deeply interested in the advancement of his profession, he was a member of the Montgomery Medical Society, from its organization after the war, twice its President and a member of its Board of Censors. He was a charter member of the Medical Association. He delivered the annual address at Selma in 1874, and in 1886 he was elected President, under circumstances which made it a mark of honorable appreciation.

His whole life has been characterized by an earnest purpose, to advance the interest of his loved profession. A thorough scholar, of investigating mind, he was never satisfied with a superficial acquirement, but sought as far as attainable, the reason for any given line of action. Quiet, unassuming and conservative, a faithful adherent to principle, and tenacious of right, he measured well with the highest standard of professional requirement, a peer among the masters of medicine. Gentle and courteous, he won at once the abiding love and confidence of his clientele, and of his colleagues of the Medical Association, and at the last he sacrificed strength, health and life in the interest of private and public weal intrusted to his care. His gentle, lovely Christian character, and purity of thought was manifested in every act of life, his face was the index of a noble manhood.

In November, 1885, Dr. Seelye married Miss Amelia Bigelow, of New York, who survives him.

Only one child was born to them, a little daughter, who lived only two years.

Dr. Barckley Wallace Toole of Talladega, Senior Counsellor of the Medical Association, and its President at the Selma session, 1897, was born at Marysville, Tenn., February 17, 1835, where his boyhood was passed, and his education was completed.

Applying himself to the study of medicine, he was graduated in 1861 from the University of Nashville just at the opening of the war between the States. Obedient to his patriotic instinct, at his country's call, he enlisted as a private, and was soon appointed surgeon of his regiment, the 31st Tennessee Confederate, under Col. William F.

Bradford. In 1863 he was made surgeon of brigade, and in 1864 chief surgeon of a cavalry division, a rapid and merited promotion for faithful and efficient service. Paroled May 7th at Athens, Ga., he returned to his native State, to find a broken home surrounded by a demoralized and lawless community. In search of a more congenial and peaceful surroundings, he moved to Talladega, where he enjoyed until his death a large and lucrative practice, winning the love and confidence of the community, where most of his professional life was spent.*

His great mental and moral strength were the logical sequence, the heritage of his Scotch-Irish ancestry, which has infused so much of sturdy manhood into the American character. His public spirit made him the champion of every good cause in medicine, politics and morals, the promoter of every good effort for the benefit and happiness of his people. His moral perception was delicate and acute, and his standard of right was high; his estimate of the duties, responsibilities and dignity of the physician, he embodied in his own professional life. An earnest and influential member of the Presbyterian church, of which he was many years an elder, he was with all the strength of his convictions, foremost in every effort to promote the moral and material interests of his people. His intellectual and moral character was a conservative influence, felt as a power in the councils of this Association. His contributions to the literature of the profession were clear and forceful expositions of whatever subjects he treated.

Dr. William H. Johnston, Grand Senior Life Counsellor, and late President of the Association, a prominent and useful citizen, and beloved physician, was born in Lincoln county, North Carolina, March 28th, 1839, and died of apoplexy April 3rd, 1898, at his residence in Birmingham, Ala.

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* 1877-88 Member City Council Talladega.
1878-1896 Trustee Talladega Female College.
1891-1896 President Board of Control Isbell Female College.

Seldom has such profound feeling of sorrow come over a community, as in the death of this beloved physician and friend. Many in the hour of suffering will miss the gentle "touch of a vanished hand, and the sound of a voice that is still." Many will long for the face that came ever as a ray of sunshine to the sick and suffering, and the sympathy with the sorrow of the bereaved and desolate, when science is exhausted and human skill no longer avails. Like the gentle loving Master in whose service he lived, he went about doing good, his presence inspiring hope, and the touch of his loved hand, bringing solace and comfort to suffering and pain. No man came nearer the heart of his people than he, no one held more securely the esteem and confidence of his professional associates. Ever loyal to the instincts of his race and to duty, he was an ideal physician, in closest sympathy with his patient. Skillful, courteous, gentle and kind, his whole life consecrate to his work, no consideration of personal comfort ever kept him away from the most exacting duty of his profession.

It was thus he secured that love of his people, which makes his loss a personal sorrow. In the full tide of his usefulness, he laid down his life, a sacrifice to love and duty. "Greater love has no man than this, that a man lay down his life for his friends."

He had a Book, his "Vade Mecum" and guide. He found in it a rule simple and complete, direct from the Master's lips. His gentle instincts were in accord with it, and practice made it easy. "Therefore all things whatsoever ye would that men should do to you, do ye even so to them." Such was the secret of a gentle, pure, and unsullied, earnest and useful life.

He was a Johnston of North Carolina, true to the characteristic instincts of his historic family, his life a continuous record of patriotism and duty, whether on the battlefield or at the bedside of sickness or suffering. His education began at Davidson College, was continued at the University of North Carolina until abruptly terminated by the call to arms. Enlisting in the Lincoln county company, and later

serving for six weeks in the 23rd North Carolina Infantry as sergeant, he was made First Lieutenant of the Company K of that regiment, from which rank he was after one year, promoted to the captaincy, and served until the battle of Gettysburg, when he was captured and confined in Fort Delaware and Johnston's Island; paroled in March, 1865.

He returned home with a shattered limb, a reminder of the bloody battle of Seven Pines, and at once began the study of medicine, graduating from the University of New York in 1867. Eighteen months of service at Bellevue sent him forth well equipped for the work he loved so well. He made many contributions to the literature of the profession and of the Association.

DR. JAMES REID JORDAN.

"Dr. Jordan was born in the historic town of Lexington, Virginia, on the 4th of March, 1860. His father, a physician, whose full name he bore, and his mother, who was a Miss Sloan, were both born in Lexington, and spent almost their entire lives there.

Dr. Jordan received his early education in this town, which is noted as being both the home and the burial place of two of our greatest Generals, R. E. Lee and Thomas J. Jackson.

Graduating with distinction from Washington-Lee University where he took the degrees of C. E. & B. L. in the year 1881, he then took the course of medicine at the University of Maryland, in the city of Baltimore. In 1885 he chose Montgomery as his future home, marrying January 20th, 1891, Miss Mary Randolph of that city.

He had just passed his 38th year, when on March 27th, 1898, he laid his short life's work at the Master's feet. All who love the untarnished honor of the "Old Dominion" may lay the laurel wreath upon the tomb of this one of her sons, whose motto was "honor, purity, truth."

Dr. Jordan served on the Board of Health of Montgomery County for four years, three times President of the Montgomery County Medical Society, Secretary of the State

Medical Association, to which position he was elected a second time, and held until his death. Medical referee for the Penn Mutual Life Insurance Co. of Pennsylvania and the Mutual Life of New York."*

From his Scotch-Irish ancestry he inherited a sturdy sense of honesty and of personal honor, and the moral courage which in the fearful scourge of yellow fever kept him unfaltering at the post of duty through long months of suffering from painful and hopeless disease.

As Counsellor and Secretary, he had a high estimate of his duties and responsibilities to the Medical Association. His work was always well done and he was ever ready by word or action to promote the highest and best interests of the profession. Just and generous to all, a determined and loyal friend, he secured and retained the love and friendship of good men, and left behind him many enduring reminders of his pure and lovely, honorable and useful life. A clear and close observer and student of all subjects pertaining to his profession, he steadily advanced toward the front rank, and in his intercourse with his medical brethren he was governed by that inner consciousness of right that had not further need of written code of ethics.

His relations with his patients were most tender and delicate, sympathetic and confidential. A high type of manhood, he encouraged in others the beautiful, the good and true, and it was round his own hearthstone, with the loved ones of his family and friends about him, that he best showed forth the genial and gentle, the loving and true character of the son and brother, the husband and friend.

"Blessed are the pure in heart for they shall see God."

The pure and unselfish lives of these our colleagues, illustrate and illumine the profession of medicine, a profession which demands the exercise of our highest mental and moral faculties,—the noblest calling known to man.

It is not the diploma that makes the physician, nor even the learning that comes of the midnight oil. If love is not

* The above is a copy of letter written to the Historian by Miss Nannie W. Jordan, sister of Dr. Jordan.)

in the work, if that exalted altruism, which allies us to the Divine Spirit is wanting, the noblest profession is degraded to a mercenary trade.

One that has passed the psalmist's limit, oft times looks back to the experiences of life, with regret for misdirection or lost opportunity, and with sad reflection that life might have been more prosperous or more happy with other direction, other influences, other environment.

I would magnify my profession. Not even in the sacred calling is there greater capacity for usefulness or greater power of conferring or securing happiness.

Could I pass again through life, with experience as a mentor from the past to direct and guide me, I would from childhood to age dedicate every physical, mental and moral faculty, to the profession of medicine and those collateral sciences, which by a common relationship, are bound together with it for the interest and happiness of humanity.

These sciences furnish an infinite and inviting field of thought that may be occupied only by the lover of nature and of that profession which reveals the physical and physiological, the psychical and ethical relationship of man with all the environment of nature.

In the summing up of ancient wisdom, the philosopher found happiness in the study of the relations and causes of things.

"*Felix qui rerum potuit cognoscere causas.*"

To the happy few who get a glimpse of nature's processes and recognize that order of sequence which obtains alike in physics and in metaphysics, in mathematics and in morals, it is oft times given before the final hour to realize the correlation and harmony of nature and revelation and a faith assured in the oneness of natural and revealed truth. Philosophy requires a reason for faith, and when brain and heart unite in homage and worship, it bows in reverence and adoration, "My Lord and My God."

An old Roman poet admonishes us to live ever in expectation of the supreme hour, and tells us that no man may

be called happy before his final obsequies and the record of a virtuous and useful life secured.

Our brethren have passed away honored and revered, their life work complete. They have left us a memory and example.

Life is short, science is long, the world moves on, men pass away, others rise up to take their places. Each great institution is the training school for the succession of its own ministry. The mantle of Elijah fell upon the worthy shoulders of Elisha. The duties of Senior Censor so ably formulated and so long borne in honor and usefulness by a Cochran, are safely entrusted to the zealous loyalty, the wise experience and executive ability of a Sanders.

> "A few more years shall roll,
> A few more seasons come,"

and all these shall have passed away, but worthy successors shall take up the work, and each succeeding year shall brighten with renewed luster the early glory. Each, in turn, may add a stone to this great monumental cairn, this grand Memorial Hall, and inscribe his name along with the glorious record of the illustrious founders of our noble institution.

SURGICAL PECULIARITIES OF THE NEGRO RACE.

By Richard Matthew Fletcher, Jr., M. D., Huntsville,

Member of the Medical Association of the State of Alabama.

Mr. President and Gentlemen of the
Medical Association of the State of Alabama:

In attempting to write an essay upon so broad a subject as the Surgical Peculiarities of the Negro Race, I find that in order to do myself half justice, it would mean a history of the negro as we first find him in the jungles of his native country until the present day. It is indeed a difficult matter to study the subject in a purely surgical sense without going more or less into the anthropology, anatomy, physiology and pathology of the race. Still in so limited a time as is given me on an occasion like this I will endeavor to confine myself to the purely surgical aspect of my subject so far as it is practicable. But as I have said, to do this even with the entire race as my subject would make my essay voluminous, so I have decided to discuss with you the Surgical Peculiarities of the Southern Negro. I have chosen to change my subject in this manner not only as a matter of economy of your time, but also because it is the negro of the South with which we of this Association have to deal, and my effort at this time is more for your entertainment than it is for the profession at large. Before going deeper into the subject it is necessary to look briefly into the history of the Southern negro. I will not endeavor to trace the history of our "brother in black" back to his prehistoric ancestors, nor even to his more modern forefathers in the

jungles and along the coast of Africa, but will call your attention to the fact that his presence upon the soil of the United States dates back to the early part of the seventeenth century, when the first cargo was landed in the colony of Virginia. We find that in the beginning of the American Revolution there were in the thirteen colonies 300,000 African slaves. In less than a century or at the close of the civil war the number had increased to four millions, and the last census, taken a quarter of a century after the close of the civil war, shows the number to be seven and one-half million negroes in the United States. While we remember that there were at first a variety of types of the negro introduced into this country, and possibly some of the original sub-types may be still recognized, yet owing to the modifying influences of climate and the prolonged citizenship with the white race under a liberal form of government, it is not necessary to divide the negro into his tribal classes. For the sake of convenience we will use the terms negro and mulatto, meaning by the latter term that sadly large number resulting from miscegenation.

In order to fully appreciate our subject in studying the negro of to-day, we must hastily glance at the influences that have been thrown about him during his citizenship in this country. It is beyond question the concensus of opinion of all students of this subject that the most important influence brought to bear upon the negro to cleanse him from his original African type is the mixing of white blood or the amalgamation of the two races—the negro and the white man. It has been very aptly said that the white man is rapidly solving the race problem, and a peep into a negro church or public hall and a glance at the boquet congregation of black, brown, yellow and white faces is good evidence of this fact. Matas very clearly expresses the truth of the modifying influence of race amalgamation when he says that we are constrained to accept as a fact that which ought to be only an impression, viz, that mulattoes, especially those of the Anglo-Saxon type, have not the strength and endurance of either of the pure races. While this ad-

mixture of blood strengthens the intellect it is an uncontrovertible fact that it lessens the physical capacity to withstand disease and injury. It is hardly necessary for me to call your attention to the influence of the change of climate upon the negro. The change cannot be one, from a standpoint of health, upon which the negro has cause to congratulate himself. If he has escaped the more horrible diseases of the torrid zone he has come to be a shining mark for the still more horrible diseases of the temperate zone. What his white brother is not doing to solve the race problem tuberculosis and other of the fatal diseases make up the difference.

The peculiarities of the negro that are interesting to the general practitioner must not be confounded with those that are of interest to the surgeon, so we are compelled, in order to keep in line with our subject, to pass over the very interesting anatomical, physiological and pathological peculiarities since they have no special significance to the operative surgeon. We all recognize that there is no difference in the preparation and technique of an operation upon the white man and the negro. Beneath the surgeon's knife we find practically the same skin, the same muscles and tissues, the same viscera, and the same bone. We must not lose sight of the fact that we are now dealing with the negro as we find him in the Southern States to-day and not as he was originally in his native home nearly three centuries ago, and hence instead of dealing with his once original and distinctively peculiar constitution, in which he enjoyed immunity from many diseases, we must recognize him as he is to-day with an acquired constitution due to several modifying influences heretofore mentioned. His once absolute immunity has become relative with regard to certain diseases and distinctively predisposing in regard to others.

And now, a few words as to what we mean by surgical peculiarities of the negro. Everything in this life is purely relative, and each individual draws his or her conclusions from their respective points of view, so if I take a view peculiar to myself, as to what is or is not a surgical pecu-

liarity of this very interesting fellow-citizen of ours, I grant each of you the same privilege. I shall take for myself as being peculiar whatever my experience has taught me, while operating upon the Southern Negro, that is distinctly or even approximately, different from what I have found while operating upon the white man. Whatever may have been the cause of operative interference, I would have you to understand that my experience has been limited, as I have been engaged in the practice of my profession less than a score of years, but I do not think I would exaggerate to say that for the past four years, living in a city and county 50 per centum of the population of which is composed of negroes, my opportunity for surgical interference has been as much as that of the average surgeon outside of the larger hospitals in the Southern cities. Be that as it may, it is my belief that any one who is trying to settle a mooted question should give his own opinion, based upon his own experience, and not the opinions of others upon the question, however much those opinions may differ from his own. I am fully aware of the fact that some of the conclusions which my experience has caused me to arrive at are much at variance with the opinions of those whose experience has been much greater than my own, and whose reputation in the surgical world is of such stability that it would seem absurd and presumptious in one of so much less experience to differ, but my opinions have been reached after an honest and truthful study of the subject, and I submit them without apology, only promising that in future, if my further experience should cause me to change these opinions, the same honesty and desire for the truth will cause me to renounce them.

The first peculiarity to which I would call your attention is that of diminished sensibility to pain.

This peculiarity, though of physiological origin, is, nevertheless, a surgical one, according to my views expressed heretofore. This difference between the Negro and Caucasian is due to the lessened sensibility of the nervous system, and particularly lessened peripheral sensibility of

the former. Recognizing this fact, I have oftentimes operated for the relief of different conditions in the negro without any form of anæsthesia; whereas I would not dare proceed similarly in the white man. In many of the smaller operations—such as injuries received in gins and saw mills, and that class of traumatisms constantly met with in manufacturing communities, in amputations of fingers, and in curettements and instrumental delivery, I have not hesitated to proceed without an anæsthetic. I have not found that the shock was greater or, possibly, as great, as in similar cases in the white man, where anæsthesia was resorted to. In fact, my experience and observation has led me to believe that the negro possesses a greater degree of resistance to shock than does the white man, no doubt due to the same lessened nerve sensibility that causes him to feel the pain less. I may add here that I have noticed no perceptible difference between the two races in regard to the effect of the different kinds of anæsthetics—the one seemingly bearing the effects as well as the other.

The next peculiarity to which I would call your attention is the lessened degree of fear of the surgeon and his knife. This I attribute to the fact that the negro, for the greater part of his existence, has been held in bondage, and all of his existence has been dominated by the Anglo-Saxon, and hence, has come to have implicit confidence in, and to submit without murmur to, the will and opinion of his superior white brother. Possibly another reason for this is that there is inate in the race a certain degree of fatalism, causing them to believe all things inevitable.

Thirdly, your attention is called to what I may term a greater resistance to microbic invasion.

I do not undertake to explain, nor do I claim even that it is a truth, but my experience has taught me that with the strictest antiseptic and aseptic methods in my operations upon the white man, I would sometimes have pus and healing by second intention; whereas, the tendency in the negro has been to heal primarily, with an absence of pus. I am aware of the fact that the conditions and environments of

the negro, and particularly of the mulatto type, are such as would lead us to believe that the negro was much more liable to microbic invasion and pus formation, but I have not found it so. I would have you understand that I mean by microbic invasion that class of bacteria that more essentially concern the surgeon, and not that class that concern the general practitioner, such as the germ of tuberculosis, typhoid fever, etc. I think we are all of the opinion that the germ of tuberculosis has made greater inroads into the negro as a race, and to-day more certainly threatens his complete extinction, than any other one agent. This fact is, no doubt, due to his vitiated social and civil surroundings and the mixing of the two races, especially since the close of the civil war.

You will pardon me for describing to you my first surgical case, since it is in direct connection with the present subject in hand, and first caused me to think of this part of the subject of my paper. To me, at that time, the astonishing results of the case caused me to direct my attention to this matter of microbic invasion, and I have very carefully tested the condition whenever an opportunity presented itself. The case occurred before I was a licensed practitioner, but I was an office assistant with my father, who, being ill at the time, sent me to answer a summons from a planter living some eight miles away. The messenger came at 1 o'clock at night, bearing a request from the planter that father would come down and sew up one of his tenants' belly, as he expressed it. Being unable to learn anything of the nature of the wound, I armed myself with a pocket case of instruments and some surgical dressing, and overwhelmed with a mingled feeling of fright and curiosity, I started at once for the negro and his open belly. After a hasty ride, I was ushered into a typical negro log cabin, and by the flaring flame of a chimneyless lamp, I beheld my patient in a dark corner, covered with a lot of quilts to keep him from "catching cold," so his old mother said. I was told that he was thirty years old and in good health previous to his difficulty, which had occurred at sunset, with one of his

field companions, and resulted in his receiving the cut in the abdomen. Removing the bed cover and his shirt with much difficulty, I found that about twelve feet of the intestines had protruded through the wound, which was made by the keen blade of a knife. The wound was about three inches in length, and extended from about the middle of the last rib obliquely inward on left side of abdomen. After being cut the negro mounted his mule and started to the house in a gallop. This caused the intestines to protrude through the opening, and as he was being carried into the house the abdominal muscles contracted sufficiently to cause so much as twelve feet of the intestines to protrude. It was about 2:30 o'clock when I reached him. And now my earthly ambition was realized! I at last stood face to face with a grave surgical condition with no professor present to do the operation and tell me how easy it was. But how I longed for my father, or Professor Anybody. In my excitement, upon leaving home, I had forgotten to take any kind of an anæsthetic, so I dispatched a messenger to my father, asking for chloroform, and saying that the negro had more guts than I had brains, and to please send the other physician of the village to my rescue. After this I sat down to think how best to attack that mighty mass of matted bowel. You can imagine my disappointment when, at sunrise, my brother (not a doctor) and Dr. Pride, then a first course student, rode up, with the information that an important case occupied my physician friend, and he could not come. This was twelve hours after the accident. Breathing a silent prayer for what I thought would be a dead coon, I washed my hands and started to work. With the aid of my two assistants, I managed to get the patient fully under the influence of the chloroform and made the incision about one and a half inches longer. Using absorbent cotton as a sponge, I cleaned the intestines as well as I could, and being convinced that the gut wall was unimpaired, I proceeded to replace the wandering coils of intestine of the colored citizen. Just as I had about completed this, nausea from the anæsthetic developed, and, in spite of

attempts to check it, out came the intestine again. I washed them off with hot water and succeeded in securing them. Fearing the same result from the nausea, and contrary to my teaching, I hastily closed the wound with interrupted sutures, extending from skin through peritoneum, and taking in all intervening tissues. I used iodoform dressing, and inclosed abdomen in snugly fitting roller bandage.

On leaving I requested the family to let me hear from him early next morning, thinking of course that he would be dead. To briefly conclude my story I removed the dressing and the stitches on the eighth day, the patient in the meantime resting perfectly comfortable in the absence of all unkind symptoms. To my utter surprise there was not even a primary wound secretion much less pus. The iodoform was as dry as when first dusted upon the wound and the union was about completed. I dressed the wound only once afterward, and on the sixteenth day from date of injury the negro was again at his plow.

This case very beautifully illustrates the points I have endeavored to draw your attention to, viz, the lessened sensibility to pain, the greater resistance to shock, the almost entire absence of fear, and a greater resistance to microbic invasion. Of course I need not, however, undertake to establish a fact by the result of one case. Nevertheless had this been a white man he would no doubt have died, possibly from shock, or more probably from peritonitis. I have observed also that the negro possesses the same resistance in regard to the violent reaction following vaccination. Two years ago I vaccinated one hundred and forty negroes at the Agricultural & Mechanical College for negroes near the city of Huntsville, and in the same week I also vaccinated about fifty negroes in the city and about three hundred white people. I had only two refractory cases to develop in the negroes while there was quite a number of exceedingly refractory cases among the whites.

The next and last prominent peculiarity that I call your attention to is the greater prevalence and greater fatality of

syphilis in the negro. That the negro is more susceptible to the contraction of this disease I seriously doubt, but the greater prevalence is undoubtedly due to the laxity of their moral code and their vitiated and exaggerated habit of sexual intercourse. The greater fatality is not only due to their weakened and degenerated constitution as heretofore mentioned, but as well as to the fact that they, not realizing the gravity of the disease, permit it to run its course without any form of treatment, oftentimes even until death. Why should not syphilis or any other fatal disease play sad havoc in a race of people whose constitution has become so largely weakened by so many modifying influences and who are, as we all are, compelled to submit to the inexorable law of heredity?

RECENT PROGRESS IN GYÆNCOLOGY.

By Edwad Burton Ward, M. D., Selma,

Member of the Medical Association of the State of Alabama.

Prior to the days of Sims' patient and faithful work among the suffering about his limited field of service, the science and art of relieving and curing the many diseases inflicted on womankind was in its crude and imperfect state. Now, what a change marks the progress! How scintillating and far-reaching are the rays which flash out from the search-lights of modern science!

What more lasting monument could be erected to our Sims than that shaft which lifts its unbroken front to the closing of this century, bearing the wonderful entablatures of the success of a specialty endorsed and inspired by him and embellished by the prayers and blessings of suffering women? Science has at last triumphed, and with its gentle hand has erased the heavy lines of pain from her fair brow and wreathed thereon, instead, smiles.

The development of this branch of medicine has been almost marvelous to contemplate. Says a distinguished writer, in delivering an address on this subject, a few years ago:

"Not so many years ago many of the most frequent forms of endo-uterine and peri-uterine diseases were beyond the diagnostic and remedial reach of gynæcologists, then unprovided with those means of rapidly and thoroughly dilating the cervical canal, or with the many other methods of direct investigation, by the aid of which any well-educated practitioner may now recognize and treat endo-uterine, ovarian, tubal, and other intra-peritoneal and pelvic complaints that baffled detection or treatment. Nor in those pre-

antiseptic days could have been anticipated the wonderfully successful results since realized from laparotomy operations, as well as from still more recent developments of intra-peritoneal surgery in tubal and other diseases, including even peritonitis and cancer of the uterus."

The advance is still more apparent. Diseases that were at one time thought to be incurable, are now handled in such a successful manner as to excite wonder and admiration. Operations are performed which, under the *regime* of antisepsis, prove a marvel, and results are obtained which even far surpass the expectations of the earliest and most devout worshippers at the shrine of Gynecics. I would not consume too much of the valuable time of this distinguished body of advanced medical thought, nor tax your patience by going into an elaboration of the anatomical structures of the organs especially involved in the study of this subject. The knowledge of their intimate and wonderful composites, it is presumed, has long since been obtained from the many authorities; their divine function is of such vast importance to the perpetuity of mankind that there is invested in it especial interest from an economic, as well as scientific, standpoint.

It is a true statement that the great bulk of female diseases are, in some way, connected with conception. "To dash the pride of beauty with the sense of shame," the perfection of womanhood has been made to depend on a healthy condition of her generative organs.

It is not within the province of this paper to go into any lengthy dissertation of this subject. My effort will be an attempt to briefly call your attention to some of the most important points marking progressive gynæcology, and to elicit discussion thereon. I am not competent to write a treatise, nor do I expect to present any new and original operation, nor advocate any specific cure or ride any hobby. "These medical paradoxes serve a purpose, for they are the buoys that mark the rock of a dangerous channel and enable sensible men to keep the golden medium line of safety in theory and practice."

A simple *resume* of the many advances marking the progress of gynæcology is the humble object of this paper, for which I crave your patient indulgence. How crude was the treatment of female troubles in the days of Recamier and Simpson, as compared to the best methods now in vogue.

Today the uterus is under the reign of the knife. Thomas said, years ago, that the treatment of diseases of women was largely surgical, and the present time establishes most positively the truth of his statement. I am sorry to say, though, that the trend of the modern gynecic surgeon is to wield the knife too freely and too frequently. He thinks that the way to glory and to fame leads only through the abdomen of some poor, unfortunate woman, and unless he can poise his glittering blade and, with one bold sweep, dive down and sever from its pristine bed the adnexa, and perhaps the uterus too, he will die unhonored and unsung. I do not wish to have it understood that I am an extremist on conservatism, or that I am not an advocate of surgical interference. I am perfectly aware that there are many cases in which nothing short of the most radical treatment will accomplish the desired result.

The technique of an operation has changed greatly, and keeps pace with the rapid and progressive advances. In fact, in no way is the progress of any department of surgery more evinced than the changes now in the preparation for an operation compared with those of later days. The results following such operations impress upon us the great importance of this. In early days very little attention was paid to this; there was no such thing as operative technique, and no wonder the mortality rates were so great. A strict observance of the rules governing asepsis is the secret of the great success. This has been fully recognized and appreciated. The old operators knew nothing about such rules, and cared less. The germ theory was, to them, an unknown dogma; they looked upon it as some *ignis fatuus* of a paretic imagination, and ignored such ideas. The apocalypse had not arrived. If a wound suppurated

beautifully and threw out plenty of laudable pus, they congratulated themselves on the result.

Ye shades of Lister! Could we, the more enlightened of the approaching twentieth century, believe that such ignorance existed among such great men as left their foot prints upon the sands of the past! In the coming century the changes may be so great that our descendants will wonder at the ignorance of this age.

Inflammation is the keystone of pathology, and all of the diseases we meet with are a result of inflammatory disturbances. The cause of most of the diseases of this character met with among so many of the females of today is attributable to the micrococcus gonorrhœa or the gonococcus of Niesser. It is amazing the amount of damage this little emissary of the devil has done to suffering women. The endometrium is especially prone to inflammation, and many of the patients we are called on to treat are those obstinate cases of endometritis. In former days the principal treatment consisted in local applications—tampons of boroglyceride, iodized phenol, as used so much by the distinuished Battey in his day. General treatment and some forms of local treatment may do good for awhile in some cases, but in the majority of these cases such treatment, carried on day after day, yields no beneficial results. The patient, after going to your office continuously and still complaining of the same old pains, the same bearing down feeling, the same old back-ache, etc., becomes discouraged. And do you wonder at it? She falls into the hands of another doctor, who is *en rapport* with the times, who cures her by a resort to more modern methods, thereby gaining her everlasting gratitude, her advertising tongue, and replenishes his exchequer.

The recognized treatment for endometritis to-day is the curette, especially is this the case in acute or chronic septic endometritis. Even if the appendages are involved use it. An early resort to this method will produce more benefit than all the local applications ever read about. When the mucosa is hypertrophied and fungosities form the sharp

curette should be used freely to scrape away the entire diseased mucus membrane until a healthy submucosa is left. This we can always determine by the process of the scraping on the tissues eliciting a crisp rasping sound. It is unnecessary for me to go into the technique of a curettage, you are all familiar enough with it. I do not think a successful curettage can be done unless your patient is under an anæsthetic and should never be attempted—for unless thoroughly done the result will not be satisfactory. A few years ago authorities differed in the use of the blunt and sharp curette. I remember that in a former discussion on this subject before this Association a few years back I made the statement that I did not think that one was ever justifiable in using the sharp curette, my views have completely changed since then. In attempting to remove unhealthy granulations from the endometrium with a blunt curette you are simply adding fuel to the flames. You merely mash off the tops of the papillæ and leave fresh foci for infection. In my hands the sharp curette has proved an invaluable instrument—and the modern gynecologist could not dispense with it. I am not in favor of any local application to the new eroded mucous membrane after a curettage. The use of drainage with iodoform gauze packed well into the uterine cavity and allowed to remain a few hours before changing is now the most acceptable after treatment. One of the most positive indications of the rapid advance in gynæcological work is the brilliant results now obtained in abdominal surgery for the treatment of diseased uteric and adnexæ. These operations are now done with almost as much temerity as one would have done a simple amputation formerly. The fear of invading the peritoneal cavity has been overcome since the triumph of antiseptic surgery. The treatment of pyosalpinx, hydro-salpinx and ovarian abscess is purely surgical. A complete removal of ovaries and tubes and, it is a disputed question now whether it is not best to do a hysterectomy also after a removal of the appendages. It would be impossible within the limits of a paper of this kind to enter at length into the consideration

of this question. It seems to me that the most rational plan to adopt would be to determine the amount of disease involving the uterus and if it is in such a morbid state that the removal alone of the tubes and ovaries would not produce a cure then total ablation should be the rule. The technique now is so perfect that the risk is greatly minimized. The patient is already emasculated, the organ is a useless piece of anatomy. These facts however should never control the operator. A noted writer on this subject says: "The position of advanced, observant gynæcologists who are not hampered by tradition or custom or afraid of their own stubborn dogmatic expressions in the past can be stated as follows: In every operation for septic diseases of the female generative organs which demands the removal of the tubes and ovaries, hysterectomy should also be performed unless there are contra-indications forbidding it."

Under the subject of hysterectomy the results now obtained from total ablation for cancer of the uterus are so favorable that one should never hesitate to perform the operation.

Doctor Emory Lanphear says: "That with the percentage of cures now reported the question should forever be settled, Is cancer of the uterus a curable disease? in the affirmative, and lead to more frequent operation upon this common malady. Every uterus which gives even a marked suspicion of malignancy should be removed." When taken in time modern gynecic surgery will prove a boon to women suffering with this terrible disease formerly classed amongst the incurable opprobria of our art. The treatment of pus in the pelvic cavity demands serious consideration for it is a condition of gravid importance. The consensus of opinion, over which there is no dispute, is that as soon as detected it must be removed. As to how or by what route its removal should be accomplished there is a division of opinion, some prefer the vaginal route and some the abdominal. The old method of puncturing with a trochar is obsolete and relegated to the past as a dangerous and unscientific procedure. The risk is much less when the oper-

ation can be done through the vagina, and whatever method that minimizes the danger should be the one most acceptable. Free incision and thorough evacuation followed with drainage is now the universally adopted plan. It is truly said that from whatever standpoint we view these cases they are serious and demand the greatest of surgical judgment in deciding the course to pursue and subsequent dexterity in execution. By whichever route operated such cases often prove fatal and lead us to wish we had employed the other route. On the question of drainage Jas. Price says: "Those who were honest in their condemnation of drainage are now loudest in its advocacy. Nothing so quickly drives men to the use of an expedient as failure without it."

The advantage of irrigation is too well known to dwell at length on it here. In the worst cases of septic peritonitis, where the patient is brought to the operating table nearly moribund, progressive surgery comes to her rescue and a laparotomy followed by free irrigation, washing out the accumulated mess, often snatches her from the very arms of death and restores her to the bosom of a happy family. The study of uterine fibroids is an interesting one. A few years ago the Apostoli method of removing them was all the rage, it spread over the country as the panacea and was readily adopted. Now the worshippers at the Apostolic shrine are very few—they are no longer apostles following blindly in the footsteps of their master. I here make the startling statement that I have very little faith in the treatment of any of the diseases of women by electricity, for that matter, I have very little confidence in the application of electricity in any disease, let he who will take issue with me. Its use is a fad and it panders to popular favor. The successful treatment of fibroids to-day is removal. I will not mention the different methods advocated for the removal of these growths. An old writer once said that a myomectomy seemed to him a method by which a patient may be effectually removed from a tumor, rather than as an operation by which a tumor can be safely removed from a patient.

Were he living to-day doubtless his views would be changed. Very interesting articles on the subject of fibroids can be found in the April number of the American Gynæcological and Obstetrical Journal.

Before I close this paper I want to call attention to that form of female troubles so often met with and proving regular *bete noirs* in practice,—a trouble most obstinate and unsatisfactory in handling by the ordinary means of treatment—the displacements of the uterus. The antique treatment with pessaries is encrusted with failure. The use of tampons, preferably now of lamb's wool, is more modern. These, while not as irritating as the pessary, are only temporary in their beneficial action. A permanent cure is expected from modern gynæcology, and the two methods now in vogue are Alexander's operation of shortening the round ligaments, and the still more modern expedient of ventral fixation. The results from Alexander's operation have not been as good as first expected. A good many prefer ventral fixation and resort unhesitatingly to it. Time will arbitrate the efficacy of all new methods of treatment, and as our art of healing progresses the evolution will continue to keep pace with the rapid strides of civilization. The echoes of our grand old science which whisper to us of sacred memories of the past will go rolling and re-echoing along down the corridors of time to perpetuate an art made sacred by the hallowed influences of our forefathers.

RECENT PROGRESS IN SURGERY.

By Edward Powell Riggs, M. D., Birmingham,

Junior Counsellor of the Medical Association of the State of Alabama.

It would be interesting as well as instructive for us to imitate the tradesman in the process which he calls "taking stock," that we might ascertain the precise quantity and quality of our solid and reliable possessions. But to do this in a complete and comprehensive manner would necessitate a review of surgery from its dawn in antiquity to its great achievement in the latter part of the present century and this would consume more than the available time for this subject.

I can not, however, refrain from remarking that many of our most important truths are traceable to the assiduous labors and accurate observation of those great minds who have gone before us. Perfection in any department of science is unattainable and the approximation to it is made possible only by the persistent efforts of succeeding ages. No truth sprouts and matures in the mind of a single individual or a single age; most generally it is conceived in faint and blurred outlines in the mind of one and receives addidition, increment by increment until its completion is a deep and established law.

The genius of Lister, gave us Antiseptic surgery by extending Pasteur's discovery of the germ origin of putrefaction and fermentation as the causation of infectious diseases. It is true, without a Pasteur, there would have been no antiseptic surgery, but it is equally true that had there been no Lister, there would have been no science of surgery.

Surgery before was a noble art, surgery is now, as well, a noble science.

But the allegation that every good has its correlative evil, when misapplied or carried to excess, has been notably true of Antisepsis. By the ease with which mutilating operations could be made with comparative safety, it opened an alluring field, luxuriant with opportunity, for the sordid, crafty and untrained mind to seek fame and fortune by the shorter and quicker route of operative glamour, rather than the more enduring one of careful and prolonged application.

I would not underestimate the importance of manipulative skill and artistic technique, but I would urge that this should go hand in hand with a clear head, sound judgment and thorough comprehensive knowledge of underlying principles.

To establish the truth that cutting, and not thinking, has been the characteristic of a vast deal of modern surgery, it is needful only to refer to the day of Tracheloraphy, Ovariotomy, Hysterectomy and Laparotomy for diagnostic purposes and in some instances, no doubt, to gratify the ambition and add to the bank account of an unscrupulous practitioner.

Thoughtful observation forces the conclusion that unnecessary and ruthless cutting has been a dominant feature in surgery of the last decade.

But though many theories from inadequate data have appeared and disappeared and though many irrational methods of practice, for a time advocated with the ardor and zeal of enthusiasm, have, by closer thought, deeper research and accumulated experience, been driven from the field of action, there still remains an addition to the fund of surgical knowledge, real and permanent, which will point to this age as without a parallel in the development of any science.

Again, time precludes even a brief allusion to the many and varied advances in surgical progress.

Hence, I have concluded to ask your attention to the consideration of a single subject, which appears to me of interesting importance. Many who are not familiar with the

statistics on the subject, will hear with surprise, that in the United States alone, fourteen thousand lives annually are lost from cancerous affections. Nearly as many as from the combined effects of most all other surgical diseases. Billings is authority for the assertion that cancers are on the increase, especially among the nations farthest advanced in civilization. This applies particularly to cancers of the female breast. These facts are enough to convey an idea of the magnitude of the subject and to stimulate deep and unremitting attention.

The precise nature of the agent or agents which primarily affects the function and transforms the structure of a parent cell, or causes it to reproduce a cell different from itself and of a malignant nature, has so far baffled the researches of biology, histology, pathology and bacteriology. Many facts seem to indicate the parasitic origin of cancerous growths. The organs and glands exposed to the atmospheric and intestinal gases are predisposed to the affection. Then, it is a familiar observation, that cancers in their origin, course and constitutional effects, are closely allied to those infectious diseases known to be of microbic origin. Both seem to arise from disturbed nutrition and are propagated through the same channels. Both generate substances which react injuriously upon the tissues of the body. But the analogy which seems conclusive from a superficial glance is rendered incomplete by further investigation. Granulomata, due to micro-organism, are composed largely of leucocytes and young connective tissue cells whereas all metastatic cancerous tumors consist essentially of epitheliod cells and cells of the tissues from which they arise. Again, there is a fundamental biological difference in the metastasis of malignant tumors and infectious nodules. One is disseminated by pathogenic germs and in the other cells represent the means of extension of the disease.

That cells have the power independent of organism of producing chemical products which react upon the metabolism of tissue is now regarded as an established fact. Indeed, the probability is strong tbat cell action controls all the

changes taking place within the body, and that this action is purely chemical in its nature, is now generally accepted. We can not understand pathological changes until we have a more definite knowledge of the detail and chemisty of normal cell action. We are, as yet, familiar only with the phenomena of abnormal changes. Their source and nature yet defy all known methods of investigation. Though driven to the admission of our inability to explain the genesis of cancer formations, it does not follow that we are wholly ignorant of all contributing causes. The accumulated experience of painstaking observers abundantly teaches that with a suitable soil, disturbances of nutrition with reduced cell activity and lessened tissue resistance induced by external insults are not infrequently the occasioning factors in the formation of cancerous foci. The influence of traumatism, of irrative abuse and inflammation, especially when followed by ulceration and cicatrization, has been pointed out time and again.

But what is of greatest importance for us to know, is, that when these formations once begin, they steadily and rapidly progress by the accretion of their peculiar tissue, invading and replacing adjacent tissue at their periphery, while undergoing a process of necrosis and breaking down in those parts earliest formed. Like a parasite they maintain their destructive action at the expense of the organism from which they spring.

Moreover, this ravaging proceeds unchecked by any inherent ability in normal tissues or any power that can be communicated to them by medicines or mode of living. Not only do they prey upon adjacent tissues, but they also liberate cells of their own nature which traverse the lymphatics and veins and implant themselves in distant parts where the same cycle of events inexorably follows, or would follow, did the patient not succumb from the absorption of poisonous material, liberated from the original seat of the disease. Bearing these facts in mind, together with the fact that cancer is, in its beginning, essentially a local disease, the supreme importance of an early diagnosis and equally

early heroic surgical measures should be established. The diagnosis of cancer of the female breast in its initial stage, does not, as a rule, present any insurmountable difficulties. In the absence of all positive characteristics, the appearances of the growth in the mammæ of a female past the age of thirty-five years, should arouse a suspicion well nigh amounting to conviction of its malignancy. Cancers, as we know, are prone to attacking degenerating organs, consequently, the appearance of malignant new growths in this region, are almost invariably restricted to women beyond the age when atrophy of the glands begins.

To recognize a malignant growth in its later stages is always easy, and I shall, therefore, not dwell upon the consideration of late symptoms, for the position I desire to take is that temporizing and delay for the development of positive symptoms in a growth which has the slightest possibility of malignancy is, in the light of recent results, hazardous and, in the physician, culpable.

My own convictions are firm that, in the light of recent results, from unimpeachable sources, it is the imperative duty of every physician to regard every suspicious lump as dangerous, and to advise its immediate and radical removal. No longer can he lay the flattering unction to his soul that cancers are incurable. Some patients can not be convinced, in the early stages, that they are the victims of the disease, and decline the proffers of surgery. Too often, however, the refusal is based upon the assurances of the physician that the growth is insignificant or, if malignant, is incurable. This position is not to be wondered at, in the face of the black and prohibitory mortality which uniformly attended operations when the disease was regarded as constitutional, and when operations were deferred, then performed only as palliative or to prolong life, and limited to the simple enucleation of the growth itself.

A check to procrastination was pronounced and the peril to delay was pointed out by Bull in 1894, when he reported a series of cases, with a complete cure in 26.6 per cent. as judged by the three-year limit. At the same time, he

expressed the conviction that the percentage of permanent recoveries would amount to at least half when the radical method was adopted at an early period.

Later on, in the same year, Halstead supplemented Bull's statistics with the report of fifty cases, all of which had enlargement of the axillary glands, and in half of them the prognosis was considered hopeless at the time of the operation. In only three cases was there a local recurrence, and in eight a regional one. The proportion of ultimate recoveries could not be determined, as the three-year limit in twenty-five had not expired. Halstead attributes the excellent results to the thoroughness of the operative methods he employed. He emphasized the importance, in all operations for cancer, the removal of a wide area of skin, the entire breast, all of the major pectoral muscle except the clavicular portion, the glands and lymphatics all in a single piece in order to avoid infection of the wound by the division of an infected duct or tissue, and to prevent the possibility of leaving infected tissue, which might escape by a piece-meal dissection.

Soon after the publication of Halstead's monograph came the almost incredible statement from Dennis that out of thirty-eight operations for pure and unmistakable carcinoma, seventeen were permanently cured. Following these, he reports fifteen additional consecutive cases, with the recovery of 77 per cent.

In February, 1896, Mr. Watson Cheyne, in a lecture before the London Medical Society, gave the history of forty unselected cases, with 52 per cent. who passed beyond Volkman's time limit.

The teaching of Halstead is now carried out by all progressive surgeons, and its extreme significance becomes plainly apparent when the results, both as to permanent cures and external recurrences, are compared with the results before the adoption of the complete method.

Billroth had 85 per cent., Czerny 62 per cent., and Volkman 59 per cent. of external recurrences. Gross estimates

the recurrences at 68 per cent., and permanent cures at 6 per cent.

Place these results by the side of Halstead's and Cheyne's, and the difference appears most striking.

But with a better understanding of the nature of the trouble and the anatomy of the parts involved, the wonder is not that recurrences constantly take place, but that in any case a cure should appear to follow. It was not until the researches of Haidenhain and, subsequently, Stile, that we knew precisely how the disease extended, or the extent of the mammary gland.

Anastomosis between the breast and the skin takes place through the lymphatics which accompany the suspensory ligaments. The deep superficial plexuses of lymphatics of the skin are large, and because of this, when infection reaches them dissemination is very rapid. Lobules of the breast run into the fat over the pectoral muscle nearly up to the clavicle, well into the axillary line almost onto the sternum and downwards onto the abdominal muscles. On the under surface they extend into the fascia of the muscles. The current in the lymphatics from the breast to the axilla passes through the facia and muscles, and a cancer cell may lodge somewhere in the channels. When muscle is affected, spread of cancer cells through it occurs with great rapidity.

Then, as to the glands, we know the nearest groups are affected at a very early period, and without any noticeable enlargement.

Thus we see why the almost utter futility of the old method, and why the recent one, to be successful, must include the removal of a very wide range of tissue. Here we have an instance where boldness is a virtue, for the danger lies in doing too little, instead of too much. It has been correctly said that external recurrences indicate imperfection in the operation, and the fault, in a great degree, is to be laid at the door of the operator.

The axillary glands are capable of limiting the spread of the disease for a considerable period of time, and when it extends beyond them it is more likely to be along the course

of the sub-clavian vein into the mediastinum than upwards to the glands of the neck. Therefore, unless the glands in the posterior triangle of the neck show evidences of infection, I do not believe their removal is demanded. Even when they are infected, it is probably coincident with, or secondary to, implication of the sub-clavicular glands along the course of the veins and the mediastinum. In either event, the conditions are practically hopeless.

In attempting such radical measures we must, of course, consider the danger to life and its effects on function. The mortality from the operation itself, in all reported cases, has amounted to not more than one per cent. The removal of the pectoral muscles does not, as one would suppose, materially limit all the usual movements of the arm. The only difficulty after their removal seems to be in carrying the hand to the back of the head. If the removal of the skin and fat has been so great that the skin can not be brought together, and is allowed to granulate, the contraction of the cicatrix may produce a good deal of discomfort and, also, interfere some with the movements on that side. This is preventable by skin grafting at the time of, or a few days after, the operation.

The absolute certainty of protracted and extreme suffering, ending in death, without the operation; the low mortality from the operation; no effect, virtually, in function, and the recovery of half or more by the complete operation, should, I think, be convincing that the surgical treatment of cancer of the breast is one of the marked triumphs in the recent progress of surgery.

Permit me to repeat that most of the modern achievements of surgery are traceable, directly or indirectly, to the introduction of antisepsis. Without it the extensive ablation of tissue for cancer of the breast could not have been accomplished. Antisepsis will continue to exercise its beneficent influence in the advancement of surgery when you and I, like morning clouds, shall have vanished into the infinite azure of the past.

HÆMORRHAGIC MALARIAL FEVER.

By Fleming I. Moody, M. D., Dothan.

Junior Counsellor of the Medical Association of the State of Alabama.

Mr. President and Gentlemen of the Association:

Prior to the war between the States, it seems that the subject of this paper had attracted but little attention from the profession. Sporadic cases occurred now and then, but not to the extent of claiming much importance. It was commonly called "yellow disease" till after a medical convention held during the later sixties at Selma, Ala., when it was given the name "Hæmorrhagic Malarial Fever." By this time it had assumed almost the proportion of a fearful epidemic along the water courses of the Gulf States. We find in this disease all the essential anatomical lesions usually found in other malarial fevers, to-wit: dark pigment particles in the blood and various other organs, the usual changes in the liver, spleen, marrow of the bones, etc.

In the majority of cases the attack is sudden. After a more pronounced chill, the patient is horrified to find on passing his urine that it is intensely bloody in appearance. At first it is excessive in amount and later on diminished. It is of a dark reddish brown color, sometimes almost black. It contains only a few red corpuscles intact, but an abundance of hæmoglobin. It is albuminous and generally acid. The patient soon grows restless, tossing from side to side of the bed, intense thirst, nausea and vomiting and sometimes black vomit occurs. At this time the patient begins to turn yellow, which increases rapidly, and in the more malignant types often deepens to the color of gold in

a few hours. There may be bleeding from the nose, bowels, and in cases of females from the uterus. The thermometer usually registers high, often as high as 106 or 107. The pulse is rapid, small and feeble, and there is great prostration. There may be delirium but this is not a constant symptom, the mind usually remaining clear to the last. This condition may continue but a few hours, to return with all the above symptoms with the next paroxysm. I have observed the hæmorrhagic form of malarial fever, obeying the laws of periodicity in the successions of paroxysms known as the quotidian, the tertian and quartan; also the compound or double types of each. In my observation the intermittent or "chill and fever" type often precedes an attack, and which may or may not continue in this form after its development into the hæmorrhagic form. Males, oftener than females have it, probably because they are more exposed to malarial influences. The changes in the blood are most probably caused by the slow action of malaria, or the plosmodium malariæ of Lawron, upon the red corpuscles and in some way killing or destroying them, thereby dissolving and setting free thin coloring matter, which stains the tissues through which it passes. The yellow condition is not a true icterus but an icteroid condition, resulting from the coloring matter of the diseased corpuscles. The kidneys rarely show any marked changes, and seem to be performing an effort of nature to eliminate from the blood the dead corpuscles with their changes, which is not only a salutary effort, but a necessary one of safety of the patient's life. The anatomical arrangement of the kidneys is such as to peculiarly fit them for this process of elimination, from the fact, that in them only one vein accompanies an artery which greatly favors pressure and consequently escape of red corpuscles, this coloring matter, etc. The patient rarely dies with uræmic convulsion or coma, which is sufficient to establish the belief that the kidneys are not materially affected. The diagnosis is not difficult. From a true hæmaturia or paroxysmal hæmoglobinuria we have the absence of the malarial history. It is sometimes mis-

taken for the epidemic or endemic jaundice which often prevails in our country, but a test of the urine with guaiac and turpentine will readily determine the diagnosis. The prognosis is favorable or unfavorable in the ratio of the degree of malignancy displayed. Its violence has remarkably decreased in the last twenty years, and we rarely see any but the milder types now, whose intrinsic tendency is to recovery. The treatment embraces all the remedies usually employed in other malarial fever. Mercury followed with salines, phenacetine or other antipyretics are to be used as indicated. The mineral acids are usually well borne by the stomach and doubtlessly do good. Lemonade and ice water to allay the great thirst are useful. Sometimes a small blister over the epigastric region has marked influence in allaying nausea and vomiting. Morphine, hypodermically, to relieve the great nausea, and vomiting and restlessness, is demanded and absolutely necessary. Astringents and hæmostatics are injudicious and should never be given. Chinoidine in the milder types often seems to act well, and may be borne by the stomach. Stimulants, and nutritious diet in liquid form must be given in sufficient quantities to meet the emergencies of each case. In fact almost any treatment in the milder types will suffice, and our patients get well. But there are types of the more malignant order of this disease with which we occasionally encounter that can only be successfully met with one remedy, and that remedy is quinine, hypodermically administered. Quinine by the stomach, especially when there is great gastric disturbance, can only do harm and never reaches the circulation, the stomach being utterly inert. The local action of quinine is an irritant and can only aggravate the already existing gastritis. During the years from 1876 to 1880 hæmorrhagic malarial fever prevailed to an alarming extent along the valley of the Chattahooche river and in all of its most malignant forms—nearly every case taking on a congestive or pernicious tendency. During this period I had ample opportunity to thoroughly test the different

modes of treatment. In every case treated hypodermically with quinine, in time a recovery followed, while under other modes of treatment the mortality was fearfully great. The bi-sulphate and the amorphous-hydrochlorate are easily dissolved and well adapted to hypodermic use. But it was upon the sulphate I chiefly relied when a very malignant case was to be treated. In that type characterized by intermittency, arsenic is especially useful. During the latter part of the disease when the urine is somewhat diminished, diuretics should be given. So soon as the paroxysm is broken, the patient should be put upon restorative treatment, embracing iron, quinine, strychnine and arsenic, to prevent a return. A change of climate to the seashore or mountain is often advisable.

HAS THE STATE POWER TO AUTHORIZE COMPULSORY VACCINATION?

By Silas Springer Tam, M. D., Mobile,

Member of the Medical Association of the State of Alabama.

The question "Has the State power to authorize compulsory vaccination?" resolves itself, in its ultimate aspect, into the question, "Has the State power to authorize any person or body to forcibly seize the unwilling citizen and vaccinate him?"

The imposition of fines and punishments for resisting or neglecting vaccination would not amount to compulsion, and would be but mere inducements to become vaccinated; since, by the payment of the fine or the suffering of the punishment, the individual would defeat the object sought by such inducements. Hence, as I said in the beginning, the ultimate inquiry must be, "Has the State power to catch an unwilling man and vaccinate him?" Both the State and Federal Constitutions guarantee imperatively "that the people shall be secure in their persons from unreasonable seizures or searches; and, that no warrant shall issue to seize any person without probable cause, supported by oath or affirmation." You will observe that this deprives the State of the power to make a seizure of one's person, if the seizure is unreasonable.

From the superficial investigation, compulsory vaccination may appear to be an infringement upon the personal rights of an individual, but when his relations to society are such that he becomes dangerous to the life and health of others, he becomes a public nuisance, and as such should be legally dealt with. A law which would compel vaccina-

tion would reach beyond the question of personal rights and affect the interest of the community, for every unvaccinated person contributes to the material that increases great epidemics, and the epidemic is always confined to the unvaccinated members of the community. It would seem, too, that as a duty the State should act for the good of the public in the strictest manner, consistent with just government, in matters of health as well as of education; that society should be protected against disease and death, as well as illiteracy and crime.

Those of you who may oppose compulsory vaccination, and I trust, in this enlightened age, there are few, may say, if we concede, for argument, that the police power to seize, if necessary, and vaccinate does exist whenever the circumstances are such as to make it a reasonable seizure, the conclusion has not yet been established that it exists all the time and under all circumstances; and who is to decide when the exercise of the power shall be reasonable? My reply would be the legislative power of the State, actuated by the suggestion made by the Medical Association of the State of Alabama, into whose hands this duty has been relegated for the past nineteen years. Less opposition to vaccination would be experienced, perhaps, did the average citizen but know of its utility in the prevention of small pox.

We are told that, before the introduction of vaccination, small pox had become a permanent disease, which never entirely ceased in any one year, and every three or five years became a great epidemic. In non-epidemic years one-tenth of all mortality was from variola, and in epidemic years one-half.

The influence of vaccination is most strikingly exhibited in those communities in which small pox prevails where some are protected and others are not. From observations for twenty-one years on four millions of people in Bohemia, it was discovered that the death rate among vaccinated persons in whom the protective power had diminished by age, was 5 1-16 per cent., while among those never vaccinated it was 29 4-5 per cent. In Paris, where vaccination is

not enforced, the death rate ranges from 10 to 136 per 100,000. In Germany, where vaccination laws are enforced, the death rate from small pox is 1.44 per 100,000. In London, where compulsory vaccination is rigidly enforced, the death rate from small pox is only 0.6 per 100,000; while in Switzerland, since the repeal of the compulsory vaccination law, some ten or eleven years ago, the death rate has risen from 8 to 85 per 100,000.

This subject is too broad and far reaching to be considered in detail here as to the best method to pursue for its accomplishment, but it is, nevertheless, of such vital import to this body of sanitarians, as the health-preserving body of this commonwealth, that I bespeak your careful consideration of its virtues.

Small pox will never be erased from the list of existing diseases until the practice of vaccination and revaccination is extended and enforced, and whenever such a condition of affairs can be brought about by proper legislation, mortality from small pox will be at an end, for the efficiency of vaccination in the prevention of small pox is no longer doubted by unprejudiced persons.

The following thirteen propositions conclusively demonstrate the correctness of the position that we have assumed on this subject:

1. The mortality from small pox is much less now than in pre-vaccination times.

2. The greatest diminution in the small pox mortality is found in the early years of life, in which there is the most vaccination.

3. In the countries where there is much vaccination and revaccination, relatively to the population, there is little small pox.

4. In classes among which there is much vaccination and revaccination, there is little small pox.

5. In places where small pox prevails, it attacks a much greater proportion of the unvaccinated than of the vaccinated, especially where the vaccinations are comparatively recent.

6. In houses invaded by small pox in the course of an outbreak, not nearly so many of the vaccinated inmates are attacked as of the unvaccinated, in proportion to their numbers.

7. The fatality rate among persons attacked by small pox is much greater, age for age, among the unvaccinated than among the vaccinated.

8. It can not be truthfully alleged that, independently of vaccination, small pox is a milder disease now than in former centuries.

9. The degree of protection conferred by vaccination corresponds to the thoroughness with which the operation has been performed; three or four marks being much better than one or two, and a large mark better than a small one.

10. Sanitation can not account for the facts above set forth.

11. Though isolation of small pox cases in hospitals is a useful auxiliary to vaccination, it is no substitute for it.

12. Vaccination is very safe.

13. Calf lymph is now available to boards of guardians, etc., for the vaccination of every child in this country.

Finally, gentlemen, I wish myself plainly understood when I say the non-existence of a compulsory vaccination law is a sad commentary on the intelligence of enlightened people, to say nothing of this Association, whose function it is to engineer all methods for the better protection of the lives and health of the citizens of this State.

THE NEED OF A SEPARATE PRISON FOR CONSUMPTIVE CONVICTS.

By Wyatt Heflin Blake, M. D., Wetumpka,

Senior Counsellor of the Medical Association of the State o Alabama.

My official duties for the past year have brought me in frequent contact with the prison population of our State, and I have had ample opportunity of observing the convicts wherever confined, at mines, at farms, at the cotton factory, at saw mills, and at the penitentiary. My observations corroborate the statement which has more than once been made before this Association, that among the convicts of Alabama, consumption prevails to an alarming degree. They also show that among this class the death rate from consumption is on the increase. Below I give figures showing the per cent. of deaths from consumption since 1882:

For 2 years ending Sept. 30th, 1884, of the total number of deaths consumption caused 17.7.

For 1885–86 of the total number of deaths consumption caused 36 per cent.

For 1887–88 of the total number of deaths consumption caused 17 per cent.

For 1889–90 of the total number of deaths consumption caused 10 per cent.

For 1891–92 of the total number of deaths consumption caused 42.4 per cent.

For 1893–94 of the total number of deaths consumption caused 44.1 per cent.

For 1895–96 of the total number of deaths consumption caused 50.6 per cent.

For 1897 of the total number of death consumption caused 36.2 per cent.

These figures are for State convicts.

The conditions of prison life are favorable to the propagation of this disease. The death rate from consumption among our free people is, according to our last national census, 11 per cent. Of all the deaths among State convicts in Alabama for ten years past, 31.5 per cent. were caused by consumption. But the records of our own State are not alone in showing a large death rate from consumption among a prison population.

For 1895-96 consumption was the cause of 26 per cent. of all the deaths that occurred in the penitentiary of Florida.

In the penitentiary of Virginia consumption was the cause of 30 per cent. of all the deaths for 1897.

For 1896-97 consumption was the cause of 41.9 per cent. of all the deaths in the penitentiary of Mississippi.

I quote from the biennial report of the Rusk penitentiary of Texas for the years 1895-96. Dr. A. H. McCord, prison physician, says: "That fell destroyer, consumption, has again reaped its harvest, claiming nine victims out of nineteen dying from natural disease."

Dr. R. H. Bush, physician at Huntsville penitentiary of Texas for the years 1895-96, says: "We have had 33 deaths from Tubercular Phthisis—making in all 50 deaths in prison hospital, (66 per cent. of all the deaths) and should our penitentiary population and this disease increase as they have done for the last two years, we will in a few years have a large number of consumptives to care for."

These reports show that prison life, not only in Alabama, but in other states is liable to consumption. The management of the prisons of Alabama furnishes conditions specially favorable for the propagation of consumption. The convicts are not kept in separate cells, but from 50 to 100 are kept together in large cells. During winter these cells are made close for warmth. Consumptive convicts, unless actually ill, are confined with the well ones. An effort is made to cause men expectorating to spit into cuspidors con-

taining fresh lime, but this can not be enforced. The results are, as might be expected, an atmosphere full of the germs of consumption, an alarming death rate from that disease and this death rate growing larger.

The following interesting facts confirm the statement that consumption is being transmitted from sick convicts to well ones. It is this: Although the death rate among county convicts is about double that among State convicts, yet the per cent. of deaths caused by consumption is much larger among State convicts. Why is this? Because State prisoners are sentenced for longer terms, and on that account are exposed longer to the germ-laden atmosphere of our prisons; and constitutions which might withstand the disease for a few months succumb to the poison if forced to breathe a prison atmosphere for several years.

There is only one remedy for this condition and that is to separate the consumptive convicts from the non-consumptive. The object of this paper is not to *present* anything new, but simply to call attention to the urgent need of reform in the convict system of our State. We need something more than separate wards in the same hospital or seprate buildings on the same grounds. We need a separate camp for consumptives, the farther from the other prisons the better, in order to give the non-tuberculous prisoners the greatest possible immunity from this disease. With the organization of such a camp, and the exercise of painstaking care in detecting consumption in its early stages and the prompt removal of such convicts to said camp; in doing this we shall have accomplished all that our present knowledge of this disease points out as our duty in the premises. To organize such a camp during my term as Medical Director of the Convict System has been my dream since the earliest day of my appointment. It is the one great object I have hoped and sought to bring about. I have brought the matter before the Governor of the State and before the convict bureau. All these officials fully realize the need of a separate camp for tuberculous convicts, and I hope that long be-

fore we meet together a year hence the consumptive convicts of Alabama will be to themselves in a camp among the pine trees where they can receive better treatment, and what is more important, breathe a pure atmosphere, free from coal dust and the sulphurous fumes of a mining camp. This gives the consumptive a chance to recover, and the well man a chance to remain well. I am sure Alabama is due this much to those erring and unfortunate creatures, many of whom must toil out the remnant of an unhappy life amid the smoke and uncertain light of dark, cheerless tunnels of the mines. I am also sure that the good people of Alabama will indorse this scheme. Their better nature will lift them above the venal bickerings of party strife, and for the administration that carries it out, they will rise up with one voice and call it blessed.

THE IMPORTANCE OF A MICROSCOPE IN THE PRACTICE OF MEDICINE.

By Thomas Chilton Thorington, M. D., Montgomery,

Member of the Medical Association of the State of Alabama.

In bringing before you the subject of this paper, we feel assured that it is one worthy of your most careful consideration, and that its importance will become so manifest in the minds of every one here today, as to stimulate them to become more active in the promulgation of its principles, as one of the sciences.

How unfortunate that so many of our text-books and journals should deal so sparsely with the subject, a knowledge of which is so essential to a scientific understanding of medicine.

We might justly state that many of our Medical Colleges lay too little stress on the subject of *Microscopy*, and turn out each year graduates whose knowledge of this particular branch of medicine is of an inferior order. Such institutions not only inflict discredit upon themselves, but do the medical profession an injury as well. We cannot expect from such men assistance in that branch of science upon which they have had so little training. We are willing to admit, however, that it would not be practical for all physicians to become expert microscopists, as but few could devote the time necessary for its pursuit and requirement. A thorough knowledge of this subject alone is as much as one mind can grasp. However, all physicians should be prepared either to do such work themselves, or be in a position to have it done for them whenever the occasion requires. The time is

now at hand when the microscope is not only useful, but in many instances *absolutely necessary* in establishing a differential diagnosis.

A requisite knowledge of microscopical technique, and the time, and labor required in its employment, have proven a serious obstacle to the more general use of this diagnostic medium.

This is where so many physicians make a mistake. Trouble is no excuse for ignorance, though through ignorance trouble is often engendered.

A scientific knowledge of medicine can be obtained only by a thorough knowledge of pathology, and a scientific knowledge of pathology can only be obtained by a thorough knowledge of microscopy. If this be not true, we will then have to disregard our now accepted "germ theory," a theory which we have presumptive evidence of being dogmatised, in as much as it stands in the closest possible relation with the doctrines of spontaneous generation, fermentation, miasm, and contagion.

This is not only an erudite period with the medical profession but with the lay as well. People are beginning to read, inquire, and understand. Their intelligence cannot be trampled upon by a practice based upon unsound principles, chimeras, or grossest jugglery. The time is no longer when bread pills, or colored water exhibited with a wise countenance, can accomplish cures, or secure a lucrative practice. Knowledge is now the standard of worth.

> "Reward cleaves to deserts,
> Power to him who power exerts."

In order that we may more fully appreciate the significance of this subject, suppose that we accept its addition to science, as other additions have heretofore been accepted, and note what influence it will bring to bear in advancing medicine as a more exact science.

We will then accept the statement that "all sciences are created successive additions; that no one man can lay the foundation and perfect the superstructure." Such has in-

deed been the history of our own profession, inasmuch as it is composed of, in part, and dependent upon almost *all* the sciences.

Just *when* was the beginning of medicine is uncertain. Suffice it to say that it must have been very nearly contemporaneous with the beginning of civilization.

For the sake of convenience, that period characterized by Æsculapius, Hippocrates, Galen and others, is termed the *age of foundation.* This age and the *age of transition* contributed so little toward scientific additions to medicine, as to require nothing more than a notice of their existence. We will therefore state that it was only during the *Erudite* and *Reformed* periods that Benivini contributed to medicine his research on gross pathological anatomy; that Paré substituted ligatures for hot oil and the actual cautery in suppressing hæmorrhage; that Malpighi established the "cell doctrine" which even now holds good in part.

Those who today are so familliar with the course of the circulation find it difficult to understand how the recognition of this phenomenon should have remained so long delayed. However, to the ancients it was a veritable "*terra incognita.*"

To Jenner we give the credit as being first to systematically employ preventative inoculation against small-pox. A theory at this day approved of by many, though condemned by a few.

In mentioning the additions made to medicine, it would be unjust to omit the name of Lister. In connection with the wonderful benefit that has accrued to surgery from the practical application of that which we today understand by sepsis and asepsis. Operations which were then considered necessarily fatal, are now being performed with impunity. Where thousands then died, thousands now live.

We leave it to the individual members of this Association whether it was Long, Wells, or Morton who earned the tribute of being forever enshrined in the memory of man by contributing to science an agent so potent in annihilating pain. The operating room of a surgeon is no longer a

Dante's Inferno, nor his table a Procrustean bed, for science has given us an agency by which the sufferer is enabled to be hushed and all unconscious while the delicate hand of some skilled surgeon cuts his way through the flesh and nerves upon an unquivering body.

Last, but not least, we have only to mention the name of our illustrious Marion Sims, to recall one whose genius and worth are measured alone by the bounds of civilization. By his indefatigable persistence and skill, he conquered conditions which had hitherto been considered beyond the reach of surgery. The example of his persistence is one worthy of emulation.

The mist which had so long obscured the real causation of diseases began to clear away before the wonderful discoveries brought to light through the medium of that marvelous little instrument, the *microscope.* With its improvements in lenses and technique, overthrowing by its revelations many ancient and time-honored theories of diseases and their causes.

It opened the way for renewed effort, and gave birth to our now accepted germ theory; a theory which has contributed more toward making medicine an exact science than any which has hitherto been offered.

A knowledge of disease is of but little practical value unless such knowledge contributes towards its ultimate relief or cure.

Since the microscope has revealed the true causes of many pathological conditions, we can base our treatment on more scientific principles.

Just who was first to employ this instrument is not recorded. It is stated, however, that Roger Bacon was first to appreciate its value.

Now, that we have made mention of some of the most important additions to medicine, we can better understand how the way was naturally prepared for the introduction of pathological bacteriology.

What Æsculapius was to medicine, so was Davaigne to microscopical pathology. His investigations and experi-

ments with anthrax bacilli opened a new field for investigation. The supposition that many diseases were of germ origin now seemed well founded.

Koch enlightened the world regarding the causation of that dreaded disease, tuberculosis; not only did he succeed in discovering the "specific germ," but employed the attenuated virus of the bacilli as a mode of curing the disease. Whatever his success may have been, we are willing, at least, to admit that his *theories* are based upon *scientific* principles, and may need only further development in order to establish a means by which the disease may be kept under control.

While it has been stated that the treatment proved a two-edged sword, and has been pretty well abandoned, both by himself and followers, it may yet lead to discoveries that will be crowned with success.

The names of Pasteur, Obermeier, Niesser, Eberth, Loeffler, Rosenbach, Sturnberg, Nicolair, Laverans, and others, will ever be remembered as names of those who have done much in establishing medicine on a *scientific basis*, not only in familiarizing themselves with the special micro-organisms bearing their names, but in their investigations with various attenuated viruses.

The subject is still *sub judice*. In future years it may meet with the same fate as that of Koch's Tuberculin—to become a thing of the past, or as "a tale that is told." But the progress thus far made gives hope for the future.

We take it for granted that we have with us here to-day physicians and surgeons abreast with the times, therefore, we will not insult their intelligence nor trespass upon their time by enumerating all the conditions in which the microscope is useful or necessary in establishing diagnoses.

Many of us are too prone to limit the significance of germs to their *actual size*, thus relegating them to the old adage "Out of sight, out of mind." Let us suppose, then, instead of dealing with such micro-organisms, their natural size were that of peas. How different we would regard them, and with what intense interest we would note their

relation to pathological phenomena! They would be sought for before a single symptom, and, when found, that disease would probably be named according to the specific germ associated with it. Our "Theories and Practice of Medicine," instead of dealing with the clinical course of pathological conditions under the separate captions of its Definition, Causes, Pathological Anatomy, Symptoms, Diagnosis, Prognosis, and Treatment, would only consist of two divisions; the first dealing with the "specific germ," the second with a method by which such germ could be destroyed without destroying the life of the patient.

Gentlemen, this is not visionary. Because of the fact that the unassisted eye fails to recognize these little invaders, busy in their toil of destruction, is not sufficient reason why all, except a faithful few, should neglect *this* branch of medicine. Bacteriology, while yet in its infancy, offers a better field for original research and ultimate success than many might suppose, and in proportion to its progress, will be the progress of *medicine.*

Granting that the importance of the microscope has become an assured fact, the question will then arise, "How can we advance its progress and raise its standard?" The solution of this problem will depend, first, upon a more general and thorough training in this branch of medicine in our several institutions; secondly, by requiring a knowledge of same by State and local boards of examiners; thirdly, by affording better inducements by the profession at large. If we increase the *demand* for such work, the supply will naturally increase of itself.

Physicians make a great mistake when they think that they can dispense with an instrument so necessary as the microscope; for instance, in case of incipient or suspected tuberculosis, a microscopical examination of the sputum or diseased parts will often establish a positive diagnosis earlier than could be done by other methods. Many cases of diphtheria can be diagnosed only by the aid of the microscope.

We recognize the importance of speaking definitely regarding a *specific* or *non-specific* urethritis, especially from a medico-legal aspect. It is a simple matter to recognize the "plasmodium malariæ" from a drop of blood taken from the tip of the ear or finger of a patient with malarial fever. This procedure is more justifiable than waiting for better symptoms to appear.

Many cases of typhoid fever are difficult to diagnose when masked by other pathological conditions, or when of an atypical type. Even the Widal's serum test is questionable under certain conditions. The Journal of the American Association suggests that the close biological resemblance of *colon* and *typhoid* bacilli may lead to error in the diagnosis of enteric fever by means of the serum test. A typical agglutination reaction with typhoid cultures has here been obtained in five out of seven cases of suppurative appendicitis by using the dried blood, after the direction of Johnston. In three of these positive cases, subjected to culture test, a bacillus conforming to the colon type was isolated. "The fact is, that the typhoid bacillus is nothing more than a pervert or degenerate of the *bacillus communis colis*," and it is, therefore, probable that the common nature of the two is the causative factor in Widal's reaction.

In all suspected kidney trouble we should not only make a thorough chemical analysis, but a careful microscopical examination as well. Many physicians make the mistake of supposing that this organ is healthy whenever the urine is found to be free from albumin.

I remember an interesting case which came under my observation. Mr. J. M. W. made application for $10,000 in ..... Insurance Company. A sample of his urine was sent me for chemical analysis and microscopical examination. It was of a pale color; s. g. 1.012; acid in reaction; contained no albumin or sugar; but microscopical examination revealed hyaline and some few granular casts. In the face of and notwithstanding this examination, the company decided to accept his application, but before the policy was

issued the applicant was taken suddenly ill, and, after a lingering illness, died, as the result of "chronic interstitial nephritis." This is a good illustration of how easily we might be misled when relying upon a CHEMICAL ANALYSIS ALONE. Those who use the microscope appreciate its value, and would be loth to part with it. Those who have microscopical work done for them, not only appreciate its convenience, but would feel they were groping in the dark if such work could not be done for them.

Now, that we have hurriedly reviewed this subject, should we forget all else that has been said, let us remember that the object of this paper is to stimulate those who are *expert microscopists* to exert every effort to perfect this branch of medicine and raise its standard: those who have some knowledge of the subject, to expand and utilize it to the fullest degree; and those who are ignorant of the subject, to make every effort to learn, at least, something of that science upon which the whole future of medicine may depend. All sciences are created by successive additions. One of the greatest additions has been the microscope, and may we not designate that as the *eye of science.*

"Blessings on Science! When the earth seemed old,
When faith grew doting, and our reason cold,
'Twas she discovered that the world was young,
And taught a language to its lisping tongue."

ALABAMA'S NEED OF MORE STRINGENT MIDWIFERY LAWS.

By David Leonidas Wilkinson, M. D., Montevallo,
Member of the Medical Association of the State of Alabama.

The midwifery question is so wide, so broad, so complicated, so varied, so limitless, that, in my limited time, I can only hope to present a cursory review of the subject.

The question arose in my mind in 1894, when health officer of Autauga county, "What shall we do with the midwifery question? Can we dispense with midwives? If not, what shall we do with them?"

Alabama's laws are too lax. Anyone can act as a midwife. No examination is required; no peculiar fitness; no license; no education; no knowledge of hygiene, obstetrics, prophylaxis or disinfectants. A simple report of birth or death is sufficient. Articles 4081 and 4082 of the Criminal Code impose a fine of from five to twenty-five dollars only for failure to report. Have those laws ever been enforced? Who knows of a single instance? Is there a health officer in the State who can say: "Every birth and death in my county is reported to me, and transcribed upon my books."? Health officers may threaten, and write, and visit, but what good does it do? Who knows of a single prosecution or conviction? Health officers are usually underpaid for the work that they do, consequently they become careless or indifferent. Beat officers receive no compensation. Shall the State of Alabama demand one's time and energy without recompense? Widwives and physicians should receive a small compensation for these reports, as is done in some countries. At present, in many communities there are midwives who have for years delivered women without ever

making a report. Their names are unknown to the beat officers and to the health officers. Only the better class of midwives make reports. These alone are known, and can be compelled to report. There are 2,000 midwives in the State known to the State Board of Health, and, I venture to say, almost a fourth more unknown.

The only way to regulate and control the practice of midwifery is some plan as follows: Register and license every midwife in the State, making it a penalty for any but a licensed midwife or physician to attend a woman in confinement. No one should be registered who is not licensed, and only those should be licensed who have proven themselves competent and qualified by an examination. The board of censors of each county should decide their competency, examine, register, and license all worthy applicants. It might be well to exact a license fee of one dollar each per annum, and require each midwife to renew her license annually, in order that the rolls may be revised, and in order that the beat officers and the health officers may remain informed as to whether they wish to continue in the practice of midwifery. Re-licensing should be done by the county health officer without further examination. Examinations should be conducted in the same manner as are the examinations for the license to practice medicine. The requirements should be: First, that the applicant should have a general knowledge of the female pelvis; second, they should understand the mechanism of normal labor; third, they should know the use of the simpler remedies in emergencies, so that the life of the parturient woman may be saved until the arrival of the physician; fourth, they should be taught the value and use of antiseptics and disinfectants, personal cleanliness, how to prepare the patient for delivery, etc.; fifth, they should be taught the care of the infant, how to resuscitate the asphyxiated, how to prevent opthalmia neonatorum, etc.; sixth, whenever in doubt what to do, how to do, and when to do, they should be required to call in a regular licensed physician. This should also be obligatory in all deliveries other than head

presentations. Too often, now, we see midwives struggle with abnormal labors, oftentimes until both midwife and patient are exhausted, and not unfrequently until the patient is beyond all skill.

When a midwife is licensed her attention should be called to articles 4081 and 4082 of the Criminal Code, with the understanding that unless the provisions therein contained are complied with, her license shall be forfeited and she shall be subjected to the penalty, which should be more severe than at present. Such a course, in time will save the lives of many women and children, and prevent many cases of blindness.

The section of the American Medical Association on Ophthalmology, at Milwaukee in 1893, called attention to the frequency of ophthalmia neonatorum, and set its approval upon legislation for the prevention of blindness. Since which time New York, Maine, Rhode Island, Connecticut, Minnesota, Ohio, Maryland, Missouri, Pennsylvania, Iowa, New Jersey, Illinois, Michigan, and South Carolina—fourteen States, with a population of over 26,000,000 people, half of the white population of the United States—have adopted resolutions compelling midwives to report, within a reasonable length of time, to some legally qualified practitioner of medicine all cases of purulent ophthalmia in the new born. Shall Alabama, renowned for wisdom beyond her years in things medical, be the last to lay the old aside?

There have not been many convictions under these new laws, but their mere existence has had an admirable effect, and wherever a midwife has been arrested, the most beneficial results have followed.

It has been estimated that 20 per cent. of the total blindness in the world is due to this preventable disease—ophthalmia neonatorum. Magnus says that 23 per cent. of blindness in children is from this cause. Dr. May says that 24 per cent. of the blind in the Illinois institutions is a direct result of ophthalmia neonatorum. He also says that 19½ per cent. of the blind in the State of New York is from the same cause. The latest census shows more than 5,000

of these cases alone in England and Scotland. Statistics show that there are over 50,000 blind in the United States. Ten thousand of these cases might have been prevented. New York pays over one million and a half dollars annually for the support of her blind. Three hundred thousand dollars of this amount might have been saved the tax payers of that State by an earlier adoption of the laws now in force. To show how entirely preventable is this disease, Professor Horner says there have been no cases of blindness from ophthalmia neonatorum in the Institution for the Blind in Zurich, Switzerland, since that country adopted laws on this subject, in 1865.

In Switzerland, Prussia, Austria, France, and Germany the practice of midwifery is partially, if not entirely, regulated by law. England is making an earnest and persistent effort in the same direction.

Superintendent Manning, of the Alabama Academy for the Blind, says: "The general ratio of blindness for all ages and colors in Alabama is about one to the thousand of population." There are, then, in the State of Alabama about 1,513 blind. Three hundred and three, or 20 per cent. of these cases might have been prevented. For their education Alabama pays $230 per capita annually. If she, therefore, does her duty toward her blind, she must spend $86,940 annually. She does not pay that much now, for there are but ninety-nine blind, black and white, in her institutions. But for these ninety and nine she pays out more than $20,000 annually. Why not save this? The State can save a great deal of it by a proper regulation of the midwifery question.

In Chicago, says Dr. Bacon, 900 midwives attend 25,000 labors annually. In St. Louis, according to an estimate, 75 per cent. of the labors are attended by midwives; in Cincinnatti, $\frac{5}{8}$ per cent. So it is, all over the United States. Without a system of midwifery control, puerperal infection must increase. It has increased in Chicago from 60 cases per 1,000 in 1892 to 69 cases per 1,000 in 1895. Says Dr.

Bacon: "Puerperal infection still kills more women in the United States than any other disease except consumption."

The report from this State of the deaths from puerperal infection for 1897 were not in hand in time for the purposes of this paper.

Midwives do not hesitate to attend abnormal labors. They are getting so they prescribe frequently in lines altogether other than obstetrical. The social strata from which they come render them especially hazardous. Their morality is frequently on a par with their ignorance. Most of them are negresses, whose sole claim to midwifery is that they have borne children, in filth and squalor; that these children have lived. Therefore, they say: "I am competent." These same negresses are, no doubt, responsible for many cases of abortion, which is punishable in the State of Alabama simply as a misdemeanor, greatly to the discredit of our laws.

As examples of midwifery incompetency, cases are, from time to time, reported in our leading medical journals: The womb has been pulled out and severed from its attachments; coils of intestines have been pulled down, and the liver has even been penetrated. In Chicago, for instance, in one short month, the coroner's records revealed no less than thirty deaths from midwifery incompetency. If this, the record for one city in one month, be true, what must be the mortality from this cause annually in all the cities in the United States? What is the sum total?

Gentlemen of the Association, it is with you to say whether our laws shall be enforced, and whether they shall be more stringent.

I am indebted to Dr. Bacon, of Chicago, and Dr. May, of New York, for valuable papers on the midwifery question.

MEDICAL PROGRESS.

By Edward Pierson Nicholson, M. D., Valley Head,

Member of the Medical Association of the State of Alabama.

This paper is the substance of an address recently delivered by me before our county society, as retiring president, which by resolution of said society, I offer as a voluntary paper.

As the time allotted these papers is limited, much of the original has been eliminated. I hope, therefore, that I shall be pardoned for beginning in *medias res.*

The search light of modern scientific observation and deduction has darted its illuminating rays into the darkest recesses in the grand arcana of nature, solving many of the vexed problems which have puzzled scientists and savants through the centuries.

Perhaps one of the grandest achievements in medical progress within recent years was the discovery which led up to the administration of the thyroid gland of the sheep or its extract, in the treatment of cretinism, myxœdema, and goitre. In these three diseases it may be considered a specific.

And as investigators soon observed, in those to whom this extract had been administered, an increased amount of excretion by the urine and a diminution in the body weight, while the strength, vigor, and activity was increased, they were led to use it in obesity, nervous disorders, and a host of other diseases, characterized by deficient metabolism and nutritive changes with eminently satisfactory results. And still the end has not come, so far as this medicament is concerned.

The young and beauteous science of Bacteriology having recently formed an alliance with the astute detective, mi-

croscopy, has already given birth to a numerous progeny, collectively christened "The Antitoxin Serums." These though still in the adolescent period, have on divers occasions, throttled some of the most formidable diseases or rendered them mild and tractable. They give promise of developing into giants of unlimited power for good, and I believe that the day is dawning when they will divest of their terrors, all of earth's most malignant diseases.

In the domain of obstetrics and gynæcology the march of progress has kept pace with the other branches of our science.

But time will not permit me to allude to the advancement along these lines except in a very cursory manner.

It will suffice to say that the old filthy practice of placing soiled quilts or sheets, or defiled rags or pieces of carpet next the lying in woman to protect her bed and linen, is relegated to the past, and now the accoucheur manifests as much care in cleansing his hands and in preparing the parturient's body, bedding and room as is observed in abdominal surgery. Ignorant, unwashed midwives, and all similar old crones, should be absolutely forbidden entrance to the lying in chamber.

Walchers position and the judicious use of forceps in suitable cases, saves the patient hours of useless suffering. Tugging at the cord in cases of delayed placenta has been superseded by the more elegant, scientific, and satisfactory method of extraction by expression and kneading.

The use of the irrigating curette in the treatment of endometritis and subinvolution, and for the removal of retained portions of the placenta, shreds of the decidua, and other debris, so common after abortion and septic infection during labor, is recognized as the most prompt means of relieving these dangerous conditions. Those who have never taken the trouble to thoroughly curette and wash out the uterine cavity immediately after abortion or labor, can not realize the amount of debris they leave behind to prove a source of danger to the lying in woman.

As the amniotic liquor has been found to be one of the

very best culture mediums for diseased germs, the entire vaginal canal should be scrubbed while using the hot antiseptic douche, with several folds of antiseptic gauze wrapped around the index and medius fingers. And as it has been demonstrated that bacteria do not arise by spontaneous generation, but enter from without, the genitals should always be protected by antiseptic dressing after these procedures. And when these methods are rigidly carried out puerperal infection is almost unknown.

In Hygiene or preventive medicine, our progress has been no less phenomenal than in the other branches of our science. Only a few decades ago anything looking to the prevention of disease was deemed by the masses sacrilege, or as they expressively termed it, "Flying in the face of Providence."

Vaccination was looked upon as a delusion and a snare of the evil one, and was shunned and resisted with the shuddering horror which we are told possesses the devil when he catches a glimpse of holy water or sees the symbol of our Saviour's crucifixion. Yet the rigid enforcement within recent years, of this beneficent measure, has almost stamped the death dealing scourge, small pox, from the face of the earth.

A recent scientific writer says: "If small pox existed now as it did one hundred years ago our industries would be paralyzed, the channels of commerce be closed, the population of the whole earth be decimated every decade, while most of those who remained would be disfigured with pox marks for life."

Could the individuals who, in this enlightened era, so bitterly oppose vaccination clearly understand and appreciate these facts, they would embrace it as their best friend and benefactor. And were its adoption universal, the scourge would be banished from the earth forever.

Within quite recent years the researches of scientists have revealed to us the causes of many other of our most dread diseases, such as tuberculosis, typhoid fever, diphtheria, and erysipelas, and a host of others, whose previous

ætiology was merely vague surmise. And now, boards of health devote much of their time, influence and skill in removing the conditions which engender these diseases. And thus wide spread epidemics are averted, terrible suffering prevented and increased longevity assured.

But still the work to be accomplished along this line is limitless and of vital importance.

I have seen large families crowded into a hut of one room, whose dimensions were perhaps, eighteen by twenty feet, and whose height barely sufficed to prevent the inmates brushing their heads against the joist; whose only means of ventilation was one door and a little square peep-hole on the other side of the chimney, both of which were kept closed by wooden shutters during the hours of repose, for the purpose I imagine, of keeping out thieves and robbers. The furniture usually consists of a few antiquated and mateless cooking utensils, six or eight rickety chairs or stools, a rough board dining table and from four to six beds, orderly arranged side by side, across the cabin, with six inch alley ways intervening.

The unfortunate creatures thus overcrowded, continually bearing about them the accumulated putrid exhalations of their bodies; going perpetually unbathed, unless perchance, they are precipated from a foot log into some neighboring stream which it spans, or are surpised by a downpour of rain; breathing continually during the hours of repose, a commixture of these putrid bodily exhalations together with the carbon dioxide thrown off from the lungs of their companions, and the foul emanations which arise, through the chinks in the floor, from the underground excavation which serves as a receptacle for potatoes and other decaying vegetables; is it any wonder that disease is their perennial heritage and that their domicile is a paradise for the indwelling of deadly disease germs? Such a state of things is a sad commentary upon our boasted civilization in this broad land where the pure air of Heaven and boundless sunshine may be obtained in unlimited quantities, "without money and without price", and where personal and household cleanliness may be secured by a slight effort of the will.

Such abominations in the shape of human habitations should be promptly put to the test by the ordeal of fire.

I have seen more pretentious dwellings built upon damp soil without drainage, or with very defective drainage, the owner thus unconsciously giving a lien upon the health of himself and his famlly to the Shyloch corporation of Rheumatism, Catarrh, Neuralgia, Paroxysmal Fevers and wasting diseases of the lungs, which can only be paid in life-time instalments of pain and sorrow.

I have seen elegant residences built over dark, damp, mouldy, foul smelling cellars, illy ventilated and imperfectly drained and designed as receptacles for all manner of household refuse and perishable provisions. This is done too, despite the fact that the germs of our most malignant diseases can only have their origin in mould and damp, and despite the aphorism—almost as old as medicine itself—that no part of a house can be more healthy or wholesome than its cellar.

I have seen—yes, we all have seen—and continue to observe from week to week, despite the repeated warnings of the family physicians, otherwise tractable and intelligent persons having the family washing done in close proximity to their wells, or other sources of water supply. We note too, in these cases, that the stables, barn, pig sty, and even water closet are near by and often on higher grounds than the water supply "and when the evil day draws nigh" and their bodies are racked with pain, parched with fever and wasted by disease, they will wonder at the "mysterious dispensations of Providence", taking no thought of their own culpable violation of Nature's laws, but seeming to imagine that the Omnipotent hand of the Allwise and ineffable Jehovah has singled them out to afflict with dread disease, sorrow, and death and to accurse with sickly dwarfed offspring. Shame upon such culpable ignorance, such odious sacrilege!

The current medical literature of the day teems with accounts of the giant strides of advancement—the wonderful evolution—in surgery within the last two decades. Formid-

able operations are now successfully performed that were hardly dreamed of in the past. By the magic aid of Asepsis many of the internal organs have been removed; as the kidneys, uterus, and adnéxa. We are all familiar with the details of Schlatters recent total extirpation of the stomach and its results. Why, even the heart has been successfully operated upon. Indeed we all frequently meet persons who are wholly heartless, but whether these monstrosities are due to congenital defects, to an acquired abnormality, or to the surgeons handicraft, we will leave to each ones prolific imagination to decide. Indeed so rapid has been our surgical progress that were it possible to resuscitate some of the great lights of the profession who lived and flourished less than a quarter of a century ago, and immediately transfer them to a modern operating room where an operation is progressing for some brain lesion or some serious trouble in the chest, abdomen, or pelvis they would fancy that they had fallen among a concourse of irreclaimable lunatics with pronounced homicidal tendencies. And the first use they would make of their newly recovered voices would be to shriek, "murder", "police", "help", until realizing the almost universal recoveries which follow these operations, their voices would arise in unison to swell the grand choral symphonies of the universal Te Deum which is being chanted of modern surgical progress!

Gentlemen, we should not only feel a laudable pride that we live in this golden age of progress, but we should feel honored that we belong to the noblest, the most beneficent, the most progressive of all the learned professions. And it is our imperative duty to improve each passing moment so that we may honor the profession to which we belong. It is a reproach to any physician who fails to keep abreast of the progress of his profession.

In this progressive age when wonderful discoveries in medicine are crowding thickly and fast upon each other a new work on medicine becomes obsolete almost before we can read it. And as we speed swiftly by the mile posts along the grand old highway of medical progress, we as

scientific men, dare not pause from our labors to rest in the alluring shades of idleness or to bathe in the dizzy whirlpools of pleasure, lest we are left hopelessly and ingloriously behind in the race.

We often hear general practitioners say: "But what have we to do with original research, the laboratory, the microscope, the reagent, or the culture tube? We will leave this work to those who are specially trained for it, while we—guided by the land-marks of the pathfinders, whose 'footprints still remain on the sands of time'—will devote ourselves to the treatment of disease and the management of the sick."

"Well, this may be, and doubtless is, measurably, right, but no physician can do his whole duty to his patients unless he has a practical, working knowledge of bacteriology, and can at least make a microscopic examination of the blood, the urine, and the feces.

In 1896 Dr. William Osler, of the Johns Hopkins Hospital, whom, doubtless, we all know, and love for the beauty of his diction, the clearness and conciseness of his style, and his faithful delineation of disease, had fifteen hundred cases of malarial and typhoid fevers passing through his wards. Many of these cases had all the symptoms, well marked, of what was first described by Dr. Woodward, U. S. A., as typho-malarial fever. In each and every one of those fifteen hundred cases a careful microscopic blood examination was made, and in only one solitary instance could a dual infection be detected.

Either the bacillus of Eberth, which, we all know, is a bacteria of vegetable origin, and attacks, principally, the solitary glands of the intestines, Peyer's patches, the spleen, and other lymphatic structures of the body, or Laveran's plasmodium of malaria, which is an animalcula of the monad or infusorial family, and accomplishes its devastating work by attacking and disintegrating the red-blood corpuscles, were distinctly made out in every case, but were never found to co-exist in the same individual, except once, in the fifteen hundred cases, so that the treatment was assured, without

any harrassing doubts as to the nature of the malady. So, too, it was triumphantly demonstrated that, practically, there is no typho-malarial fever!

Far different would have been the results with the careless, plodding practitioners, jogging lazily along in the abandoned ruts of the fathers. He, on his return from one or many of these cases, would have referred to his one solitary work on practice,—of a defunct and by-gone age, reeking with the mold and cobwebs of a half century. What! to confirm or correct his diagnosis? Nay, verily, but to content him in his uncertainties. Meantime, as he sits contentedly snoozing by his comfortable office stove, his poor, deluded patients are speeding swiftly along to the undiscovered country from whose bourne no traveler ever returns.

Another practioner, high up in the councils of our profession, had two grave cases of puerperal infection to treat. He took some of the uterine excretions in each case and made cultures. In the first case, the Klebs-Loeffler bacillus developed; in the other, the steptococus septicus. In the first, the diphtheria antitoxin was administered, and prompt improvement and rapid recovery followed. In the other case, the antistreptococcic serum was exhibited, which resulted in some improvement, though the disease had previously attained such virulence that the patient ultimately died.

These instances should prove, to any unprejudiced mind the vital importance to the physician of a practical, working knowledge of bacteriology and microscopy. Besides, there are certain lines of investigation that can not be carried out except by the general practitioner. Even in the examination and verification of accepted theories, he may arrive at some important discovery. Much of the solid medical knowledge of to-day is the fruit of the country doctor's labors.

Perhaps it may not be generally known that many of the grandest and most far-reaching discoveries have been made by country practitioners. The immortal Edward Jenner

was a country doctor, and an ardent lover of Nature. On his daily rounds among his patients, as he jogged along country lanes, passed through bright green meadow lands, and under the arches of the forests, nothing escaped his skillful observation. His fertile brain seized upon the apparently trivial and meaningless chatter of a milkmaid, and following it up by intelligent observation and deduction, he became the father and founder of preventive medicine.

Since the days of Jenner, I have known many, very many, young country doctors who have not been averse to conversing with milkmaids, and even, on occasion, with other maids, but the result has either been *nil* or fraught with weal or woe only to the parties concerned.

Crawford Long, the real, true discoverer of sulphuric ether anæsthesia, was an obscure country practitioner, located in the little village of Jefferson, Ga.

Ephraim McDowell, a plodding country practitioner in the backwoods of Kentucky, was the first to remove an ovarian tumor, and thus became the pathfinder in the hitherto unexplored regions of abdominal and pelvic surgery.

Walter Brashear, a pioneer practitioner in the wild and remote regions of Kentucky, was the first to successfully perform that most formidable operation in surgery—amputation at the hip joint. This he did at a time when the most eminent surgeons of the world characterized it as "cruel," "hazardous," "unjustifiable."

Our very own J. Marion Sims, at the outset of his professional career, located in a little, insignificant village in the State of South Carolina, and in his first cases manifested less than mediocral ability! Later on he was irresistibly impressed with the conviction that vasico-vaginal fistula could be cured by operative procedure. After maintaining for years a little private hospital for these cases, at his own expense, while battling with poverty, the burden of family sickness, the bitter opposition and final desertion of his nearest friends, and many humiliating failures, finally suc-

ceeded upon a negro woman whom he had previously operated upon a dozen times!

Up to the time of J. Marion Sims' success no American physician's education was deemed complete until he had for a time trod the boards of some European hospital. But after his success was assured, this erstwhile obscure Alabama physician was invited to Paris, the Queen City of the world, to teach the teachers! Hither flocked the most eminent surgeons of Europe to witness this American prodigy's wonderful operations and to take lessons from his handicraft, even as we are told the wise and holy Paul of Tarsus was wont to journey up to Jerusalem to sit at the feet of Gamaliel and drink in wisdom from his sage councils!

These few cited instances, selected from a host of others, should go far to prove that the careful observations and deductions of the general practitioner of to-day will, in large measure, shape the progress of scientific medicine in the future.

Gentlemen, there is one more subject to which I would call your attention. It is a humiliating fact that our noble profession—hoary with age and honors, and graced with the most towering intellects of the world!—is yet, as of old, still encumbered by boastful pretenders and unprincipled charlatans.

Young men whose preliminary education is wofully deficient and whose natural abilities are far below mediocrity, are received into fourth-rate medical colleges, and in due time receive their degree, and then, by hook or by crook, pass our examining boards. Many of these stupid dolts, whose leading characteristics are sloth and indolence, never leave the starting post toward the goal of useful, progressive, conscientious physicians. But, shutting themselves in their impervious shells of ignorance and low cunning, they seek a livelihood as blatant quacks and heartless mountebanks, thus bringing reproach upon our profession and inflicting incalculable injuries upon the commonwealth. The statutes of our State invests us with the right, and we

should esteem it our sacred duty, to thrust these lazy drones and professional parasites aside and relegate them to more suitable menial labor, so that the chariot wheels of medical progress shall no longer be impeded by their ignoble actions and reckless brutality.

It is the province of our county medical societies to accomplish this beneficent work. It is an imperative duty which we owe not only to ourselves but to the commonwealth, whose interests are given us in charge to conserve.

As honorable physicians, we dare not prove recreant to the trust reposed in us. A license emanating from any Alabama medical board should truly proclaim to all suffering humanity that the holder thereof is a competent and conscientious physician, and not a pretender.

SOME OF THE MORE COMMON DISEASES OF THE RECTUM.

By Benjamin Rush Pearson, M. D., Montgomery,

Counsellor-Elect of the Medical Association of the State of Alabama.

The rectum is the terminal end of the alimentary canal, and is variously estimated at from five to nine inches in length.

It begins at or near the sacro-iliac-synchondrosis, and terminates in the anus, which lies between the perinæum and coccyx.

In its course, three curves are presented for observation: first, downward, backward, and inward; then forward; and, lastly, backward, where it terminates in the anus.

Its upper portion is invested by peritonæum, while its lower portion is bounded by a thick layer of cellular tissue, laterally and posteriorly, and the walls of the bladder and prostate gland anteriorly.

Its body is composed of mucous, sub-mucous, connective, and muscular tissue, the latter of which is composed of circular and longitudinal fibres.

Its blood supply is derived from the superior, middle, and inferior hemorrhoidal arteries, with their corresponding veins.

The veins lie beneath the mucous and exterior to the longitudinal muscular coat, where they form a plexus, which communicates with each other. The superior hemorrhoidal vein empties into the inferior mesenteric of the portal system. The middle and inferior hemorrhoidal veins empty into the general venous circulation through the internal iliac.

The anal orifice is guarded by the sphincter ani muscle, whose origin and insertion is on the coccyx, posteriorly, while its body is attached to the perineal fascia in front. A knowledge of this fact can be taken advantage of in operating for fissure, when you desire to put at rest for a short period the vigorous action of the sphincter muscle. An incision in the posterior raphe, made in line with the long axis of the rectum and carried backward, half to three-quarters of an inch in depth, toward the coccyx, will partially destroy the action of the muscle, without any permanent detriment to the patient, but a great advantage to him whose sphincter is so vigorous and rigid as to cause constipation, or pain from an irritable ulcer. Such an incision, made direct in the median line, will never impair the action of the muscle, and often is a far preferable method of operating for the relief of fissure.

At the lower portion of the rectum, and just above and in juxtaposition to the sphincter, are found perpendicular mucous folds, varying in width and length, called "recti columnæ." Between these folds are found Morgagne's sinuses. Within these folds or sinuses often lie occult troubles that elude the most rigid examination of the physician. In fact, an examination of the rectum is not complete until each and every pocket or sinus has been thoroughly scrutinized—not by the eye, as it can not peep between the folds of the mucous membrane, but by the aid of a blunt probe. The troubles found in these pockets are of an ulcerative nature, and first attracted the attention of Dr. Physick.

In Dr. Kelsey's work on diseases of the rectum is found a very interesting and instructive illustration of this form of rectal trouble, recorded by Dr. Vance. I shall take the liberty of quoting him, as I think it well worth your time and attention. It is just such cases as I am about to relate that too often puzzle the brain of the busy practitioner. The author states that:

"A lady, aged eighteen, had suffered for more than a year form all the symptoms of a fissure; had been frequently

examined to no purpose, and was reduced to a very miserable state. On examination, the integumentary folds were congested, thickened, and œdematous, doubtless as a result of scratching, but there was no trace of anything like a fissure. The lining membrance was searched with the utmost care, but no lesion of any sort was revealed, except slight hypertrophy of the sphincter. A second painstaking review of every part of the rectum gave the same result. The author was about to abandon the hope of finding any local lesion, when, as a matter of form, (for there was no evidence of disease about them), he determined to pass a probe into each of the pouches. The probe could not be forced into the first one, and with the second he fared no better, but with the third, after an ineffectual attempt, the probe passed into the sacculus. No sooner had it entered, however, than the patient screamed with pain; there was a spasmodic retraction of the levator ani and sphincter mus cles, and the part was forcibly withdrawn from view. The site of the sacculus felt as if a buckshot had been embedded in the tissues, so hard and swollen was the part. A small probe-pointed tenotome was carefully passed along the canal, and as soon as the sensitive point was touched, the handle was brought down and the edge of the knife was made to sever the inner wall of the sacculus and exposed the diseased point. This done, the cause of the suffering was revealed. On the left side of the anus, and at a point where there had been no unusual sensibility, an indurated ulcer had formed within one of the little pouches. When the sacculus was opened and the ulcer exposed, it seemed very much like an ordinary fissure of the anus; but, before cutting it open, there was no evidence whatever, save the symptoms the patient complained of, to indicate the existence of such a lesion."

To impress upon you more thoroughly the importance of a rigid examination of these sinuses, I will give a case of my own experience:

A gentleman applied to me for rectal treatment, and, upon careful examination, an external fistulous opening was

revealed, which opened internally just above the external sphincter. I thought I had found the entire trouble, and operated at once with the knife. Naturally, I expected a speedy recovery, but on the third day after the operation my patient informed me that he was not relieved in the least—the same old pains were still there. Another examination was then made, and, with the aid of a probe curved upon itself until it formed an acute angle, two internal blind fistulæ were discovered — one immediately underneath the track of the one operated upon three days previous, with a thin septum separating them, and a second one was found lying immediately opposite the first, with an internal orifice at the upper margin of the external sphincter and at the base of a sinus, which, I am convinced, was the origin of the whole trouble. With the aid of a 4 per cent. solution of muriate of cocaine injected into the subjacent tissues, I operated upon both fistulæ, and in a short time my patient fully recovered. This patient had been operated upon eight or nine years prior to this for the same trouble, and was only partially relieved. He is now thoroughly cured.

In diseases of the rectum, perhaps the most common form of ailment that claims the physician's attention is that of hemorrhoids, and, with but few exceptions, it is the least difficult to treat.

Although hemorrhoids occur oftener in man than do ulcers and fissures, yet they are tolerated longer without seeking the physician's advice. The sufferer often obtains relief by local remedies or an active purgation. It is rare that he will seek medical aid when first attacked. He is usually driven to seek the aid of the doctor either by the frightful loss of blood or from constant and most excruciating pain, or, perhaps, by a too frequent and very annoying desire to go to stool.

Then when the poor fellow applies to the physician for relief, it is too often the case that he applies in vain, for the physician writes out a prescription for some pile ointment and dismisses him with the comforting thought that he has

a balm to soothe his latter end. But alas he does not find relief. If the general practitioner would put himself to the trouble of examining his patient and use a little diligence in ferreting out the cause of the trouble, his remedies might be more potent and effective, and a lasting,and most grateful patient might be made. Instead of writing a prescription for some pile ointment in order to get rid of the patient as quickly as possible, if he would place the patient upon a table on his right side and first find the cause of the patient's trouble and treat accordingly, there would be much less suffering in the world, less patented pile ointments and far less material for Quacks and Itinerant Pile Doctors to thrive upon.

Hemorrhoids are divided into two kinds: external and internal; these in turn are sub-divided. Some authors make so many classifications that nothing but confusion in the mind of the reader is the result and the consequence is he soon acquires a disgust for further perusal of the subject. The simplest classification is the best.

External piles may be divided into venous, cutaneous, and a third form, where there is a plexus of enlarged varicose veins, making one large pile sac with a very broad base.

External hemorrhoids are always found outside the sphincter muscle; they arise from the extravasation, rupture or dilatation of subcutaneous hemorrhoidal veins and these in turn bring on congestion, swelling and inflammation. A venous pile is the result of an extravasated external hemorrhoidal vein—while a cutaneous hemorrhoid is the effect of one or more acute attacks of a venous or varicose connective tissue hemorrhoid—its hemorrhoidal veins having been obliterated by strangulation and absorption. It is commonly called a tab. It is always found in a case of many years standing and also at the lower edge of a fissure. It is strong evidence of many painful attacks and much suffering.

A venous pile is usually found alone, though two or three are not uncommon in the same person.

It is located on the verge of the anus and its usual shape is round like a large buck shot or grape and often very painful. In fact the discomfort occasioned by its presence is out of all proportion to its apparent size. The patient can neither stand nor sit with any degree of comfort. It is often aggravated by the patient's efforts to push it above the sphincter muscle. This too is a mistake some physicians make. Of course it will not remain there as it naturally belongs outside and there will remain, to the patient's great discomfort, until the swelling and inflammation have subsided.

The treatment of such a pile would be to open it with a sharp bistoury after having injected four or five drops of a 4 per cent. solution of muriate of cocaine; turn out the clot and curette the cavety thoroughly; very little hemorrhage will ensue, a slight pressure with small pledgets of absorbent cotton for ten or fifteen minutes will check it. The after treatment should consist of applications of cold water and witch hazel.

Should patient object to the knife, use applications of cold or hot water, according to the greater relief given by the one or the other. Ponds Extract is one of the most soothing of all medicinal remedies. A lotion of tincture of opium and sugar of lead often gives great relief.

Cutaneous piles rarely reqbire to be removed unless the patient demands it for his own comfort and convenience. If required, a few drops of 4 per cent. solution of muriate of cocaine is injected into the tab, and after waiting 3 or 4 minutes it is cut off with a pair of scissors with no hemorrhage and very little discomfort to patient. After treatment should consist of cleanliness and the application of witch hazel or some simple pile ointment.

That variety of hemorrhoids consisting of enlarged and dilated veins located at the margin of the anus is often very troublesome, and not usually amenable to treatment by injection. Its formation is gradual, and perhaps several years are consumed in its development.

During the act of defecating the veins become engorged

and the tumors become very much swollen and congested, requiring from one to two hours in assuaging and regaining their normal size and position. They are usually multiple and have no well marked boundaries; sometimes occupying the entire outer rim of the anus and presenting the appearance of a large ripe tomato. If it becomes necessary to treat them nothing short of a radical operation with the knife, or clamp, and cautery will give satisfaction. It is never advisable to use injections of carbolic acid or any other form of injection for this kind of hemorrhoid, and, in fact, the injection treatment of any hemorrhoid lying below the external sphincter muscle is culpable and ought not to be practiced or tolerated. You may do so if you wish the curses and hatred of your patient, for as sure as the night follows the setting of the sun, so sure will you receive them.

Internal hemorrhoids are divided into capillary and venous.

The capillary is composed of terminal branches of the arteries and veins; it is never of large size and rarely projects far into the cavity of the rectum. It bleeds very easily and is what is called "bleeding piles;" it is this form of piles that bleed daily.

The venous variety is composed of a lot of anastomosing veins, bound together by connective tissue. These veins are dilated and tortuous and form sacs or pouches; it is this type that protrudes during the act of defecation. Their treatment is either by ligature, clamp and cautery, or by injection.

Alingham and Ball claim as the best method of treatment the ligature, while Kelsey is a very strong advocate of the clamp and cautery. The injection of carbolic acid, phenie acid, thymol and ergot is practiced by many.

In the management of such hemorrhoids I treat each case according to that method which is deemed best adapted to its own nature and position. Some are best treated by the ligature, some by clamp and cautery, while others are totally destroyed by the injection method, with perfect success and no bad results. I have never had any unpleasant

effects to arise from the use of an injection unless when the puncture is made too near the margin of the sphincter muscle. If one is careful to inject a 20 per cent. solution of carbolic acid, say from three to eight drops into the soft part of an internal venous pile, there will never be any unpleasant effect. I have found, also, that where you may have a patient bleeding at stool every day the injection of 3 or 4 drops of a 20 per cent. solution of carbolic acid with 1-100 grain of chloride zinc as near the point of bleeding as possible, will arrest the hemorrhage almost immediately, and to the great surprise and gratification of the patient no bleeding appears at the very next act of defecation. Nor will there be a return of it if the patient uses ordinary care and prudence when going to stool. Hemorrhoids should always be returned to their normal position within the rectum before injecting them. With the Brinkerhoff & Aloes speculum there will be no difficulty in obtaining a complete view of the sac inside the rectum. It will invariably drop into the slot when the slide is withdrawn, provided there is one lying in juxta position to the slot.

Internal hemorrhoids are most commonly found laterally and anteriorly. Rarely ever posteriorly, which is due to the absence of many veins and arteries in that portion of the rectum. Here, however, you will find 60 per cent. of your ulcers and fissure.

Fistulae, fissures and ulcers are very common forms of rectal disease. Fistula is a loathsome disease and its origin is ascribed to various causes, but by far the most common cause is ulceration. In 80 per cent. of external fistulous openings you may reasonably expect to find a corresponding ulcer within.

Fistulae are divided into three classes: The complete, where there is an internal and external orifice; the internal or blind fistula, where there is only one opening, which is within the rectum. The third variety is the incomplete external fistula, where only one opening exists exterior to the anal orifice. The tracks of these fistulae may be super-

ficial or deep seated, sometimes straight and frequently tortuous, as demonstrated in what is known as "the horse shoe fistula."

This subject alone embraces a wide theme for consideration, and is sufficient to consume the allotted time for the reading of this paper, therefore I shall consider briefly its treatment.

There are three ways of treating a fistula—with the knife, ligature, and injection. In superficial fistula, the knife affords the speediest and most effective mode of treatment. Unless the patient is exceedingly nervous a 4 per cent. solution of cocaine is preferable to chloroform or ether. No bad effects will arise from its use and the operation can be done in your office.

The elastic ligature or ecrasseur is only considered in the treatment of very deep tracks, where there is fear of considerable hemorrhage which has to be guarded against, and even here, no advantage is obtained over the knife, for by proper packing of the incision or tamponing the rectum, all hemorrhage can be controlled. In cases involving the deep ischio-rectal fossa and the deeper tissues it is preferable to administer ether. The incision should be made cautiously and with extreme care in order that blind tracks may be sought and divided, as one small blind track will cause the operation to be a failure. When you once begin an operation pursue the track to its utmost extent or else you realize when too late that your trouble amounts to naught.

I saw Dr. Kelsey, of New York, operate for fistula at the New York Post-Graduate Hospital. He traced the track about five inches up the rectum and located its terminal end in the deep ischio-rectal fossa. It was a bloody operation, but the hemorrhage was controlled by packing with Charpie without tieing a single vessel. The operation was a complete success and the patient made a splendid recovery.

In these operations the sphincter muscles should be preserved if possible, but both can be divided in the median line without incontinence—whenever either or both have to

be divided, the incision should be made at right angles to the fibres of the muscle and not slanting. Another method of treating fistulae is by the injection of various kinds of stimulating fluids into the track—tincture of iodine, carbolic acid, nitrate of silver, &c., being those chiefly used.

Sometimes dilatations with sponge tents is resorted to for the purpose of cure. Such modes of treatment are occasionally successful. Dr. Brinkerhoff claims to effect a cure of all fistulae by his specific compound, his secret preparation. I have never tried it and therefore am unable to verify his statement. His mode of treatment is to inject his compound into the fistula once or twice a week. He claims that after two or three injections the indurated walls of the sinus or pipe are completely destroyed, then he plugs up the inner orifice of the fistula with a wad of cotton and allows the pipe to heal and fill up by repeated stimulating injections. This method seems plausible and is worthy of diligent consideration.

While treating the fistulous track do not neglect the ulcer which produced it. Of all the diseases of the rectum, the most difficult of successful treatment is that of ulceration in all of its varied forms. Their causes are many—enlargement of hemorrhoidal veins, obstruction to portal circulation, congestion, direct tranmatism, fecal impaction, fish and bird bones, pea hulls and oyster shells, &c., &c. There are other causes, such as venereal ulceration, either chancroidal or syphilitic and also a tubercular diathesis. In the whole range of human suffering there are but few diseases which produce such excruciating pain and misery as the fissure or irritable ulcer—and there is none where treatment is more universally successful. You all know what it is and beyond any doubt the knife or dilatation of the sphincter is the treatment par excellence. At times cures are effected by the application of nitrate of silver.

Dr. Kelsey recommends the application of from 5 to 20 grains of nitrate of silver to one ounce of water two or three times a week.

Sometimes an ointment compound of half ounce of salicylic

acid and one ounce of vacaline is a very effective remedy. But there is nothing that succeeds like the knife or dilatation. Its relief is immediate and certain and wins for you the lasting gratitude and praise of your patient.

I might go on and mention other forms of ulceration higher up in the rectum and the advancements made in the treatment of ulcers of the sigmoid by means of the sigmoidoscope, and also touch upon that most intractable and annoying malady called "pruritis ani," but I have already abused your patience and kind indulgence too long, so I will thank you for your kind attention and desist from further consideration of this subject.

AN ILLUSTRATION OF SOME OF THE PRACTICAL DIFFICULTIES IN THE DIFFERENTIAL DIAGNOSIS OF YELLOW FEVER.

By Henry Altamont Moody, M. D., Bailey Springs,

Professor of Materia Medica, Therapeutics, and Clinical Medicine, Medical College of Alabama, Medical Department University of Alabama.

Junior Counsellor of the Medical Association of the State of Alabama.

During the autumn of 1897 the coasts of the Gulf States were invaded at various points by an epidemic whose true character was so masked by its lack of typical symptoms, by its amenability to treatment, and its low death rate, that it not only secured a firm hold along the coasts, but had been widely distributed among inland towns before the dreaded name of yellow fever was finally applied to it. For weeks it existed at Ocean Springs under the name of dengue. Physicians who had had experience in other epidemics of yellow fever, failed to recognize this milder type of the disease, and not until repeated autopsies revealed the characteristic tissue changes of yellow fever did they, reluctantly, proclaim its true character.

Alabama should be proud of the fact that it was her efficient Health Officer, Dr. W. H. Sanders, who first announced to the doubting experts of New Orleans and Mississippi, sent to investigate the situation, that the disease was yellow fever. The published minutes of their final meeting indisputably establish this fact.

No discredit should attach to any physician for failing at first to recognize the true nature of the disease.

Few of the cases developed the black vomit and jaundiced skin usually seen in this disease, and the low death rate was unprecedented in its history on this continent.

Dr. Guiteras, who is recognized as an authority, decided that many of the cases at Ocean Springs were Dengue; yet their clinical picture lacked as many of the features of typical Dengue as of typical yellow fever.

To-day many physicians are inclined to believe there was but one infectious disease prevailing there, from first to last.

The same state of affairs seems to have prevailed at Galveston, though the mortality was almost *nil*.

To this day many of the laity stoutly refuse to believe it was the deadly vomito, even in its most tractable form. Yet *post mortem* revelations never presented more typical yellow fever tissue changes than were shown at autopsies last autumn.

Unfortunately, division of opinion and slowness of decision have discredited our profession in the estimation of the public. People not trained to the niceties of differential diagnosis, and unaware of the immense differences displayed by the phenomena of the same disease in different epidemics, can not understand our hesitation in a matter of such overwhelming gravity as the announcement of a first case of yellow fever. Irresponsible men and women, whose opinions should not have a feather's weight with an intelligent public, feel justified in deriding and abusing us for exercising extreme caution before either lulling an imperilled community into a false security on the one hand, or precipitating the inevitable panic and paralysis of business on the other. Little editors, controlling little papers, pose as our critics, and, through typograpical multiplications of their expressions, exert an influence that would be impossible to them were they dependent on their ability and character alone.

Meanwhile, the physician must steadfastly pursue his investigations, regardless of opposition and calumny; for

he feels that the lives of individuals and the welfare of communities depend upon his decision.

How difficult it sometimes is to reach that decision the following brief record will illustrate:

C. G., white, male, age 21, was brought to Mobile city hospital January 16th, 2 p. m.

History as follows: Five days ago had a chill between 5 and 6 o'clock in the afternoon. Fever followed, succeeded by perspiration, and next morning he was well.

On the second day, at the same hours, he experienced a return of the chill, fever, and subsidence of all symptoms.

The third day brought the same phenomena, though he was saturated with quinine.

On the fourth evening the chill came as usual, followed by the fever, but this time the fever did not subside. It lasted all night, all the next day, and the succeeding night, and the following noon he was brought to the hospital.

His temperature when first seen was 102.2; pulse 78, weak, soft, compressible; tongue flat, moist, pale, with red edges and brownish fur in center. Eyes suffused, glossy, irritated, but without any yellowish tinge. Skin sallow, but not jaundiced. Respiration normal. No chest symptoms. Abdomen flat, and without tenderness. Some tenderness over stomach, but no nausea. Expression listless and dreamy, without any restlessness. When questioned, complained of pain in frontal and lumbar regions, though not severe.

Diagnosis: Malarial remittent.

Treatment, Calomel and podophyllin, and quinine, in appropriate doses.

At 6 p. m. bowels moved freely. Temperature 104.3, pulse 90. Prescribed acetanilid 5 grains, whisky 1 ounce. Quinine and caffeine continued. At midnight temperature was 104. Had acetanilid again. Quinine continued. January 17th, temperature fell to 102.2 under acetanilid, but by 11 a. m. was 103.3, and by 4 p. m. was 104. Pulse 78.

On the 18th and 19th the temperature ranged between

103 and 104, unless controlled by acetanilid, though the quinine had been steadily pushed.

Further inquiry was now made, and developed the fact that he had recently come to the city, and had been boarding in a part of the town where yellow fever had prevailed during the autumn. Upon examining the urine it was found to be loaded with albumin. The microscope was not used, as the supposed significance of the straining of casts with bile pigment had not then been suggested. The possibility of an icteroid infection was now recognized, and students and visitors were excluded from the ward. Fortunately, there were not many other patients therein, and all were immune. The State Health Officer, having occasion to visit the hospital, was asked to look at the case. After careful investigation, he came to the conclusion that it was not yellow fever. This opinion was based upon the reasoning that if it had been that disease, with such a violent invasion, the patient would have been in a much more grave condition than he now presented. In this conclusion Dr. Fondè, the house physician, concurred.

Still, the fact was recognized that in most of the features of the case there was a strong resemblance to those prevailing in the recent epidemic. There were neither nausea, vomiting, nor icterus; but this had been true of many recognized cases. On the other hand, the frontal and lumbar pains, the obstinate fever with its slight daily oscillations, the watery, irritated eyes, the lack of correlation between pulse and temperature, and abundance of albumin in the urine, combined to give a very fair clinical picture of yellow fever, as it appeared in the majority of the casse last Autumn.

The diagnosis of yellow fever being excluded, and that of Malarial Remittent abandoned, it was decided that this must be an a typical case of Typhoid. The use of quinine was abandoned, and he was placed upon the regular treatment for Typhoid Fever. The correctness of this course was demonstrated by the events that followed. The tempera-

ture curve continued to resemble that of yellow fever, until January 22nd, the sixth day after his entrance, when it suddenly, without any gradual change, assumed the characteristic zig-zag of typhoid.

The diagram shown is a comparison of the temperature curve of this case with a curve constructed by Dr. Hamilton P. Jones, in the isolation hospital of New Orleans, by combining the charts of twenty-five cases of yellow fever. Dr. Jones' chart is the lower one.

It will be observed that on the third, fourth, fifth, sixth, seventh, and eighth days there was a striking correspondence in the curves. On the ninth day the characteristic typhoid curve suddenly appears.

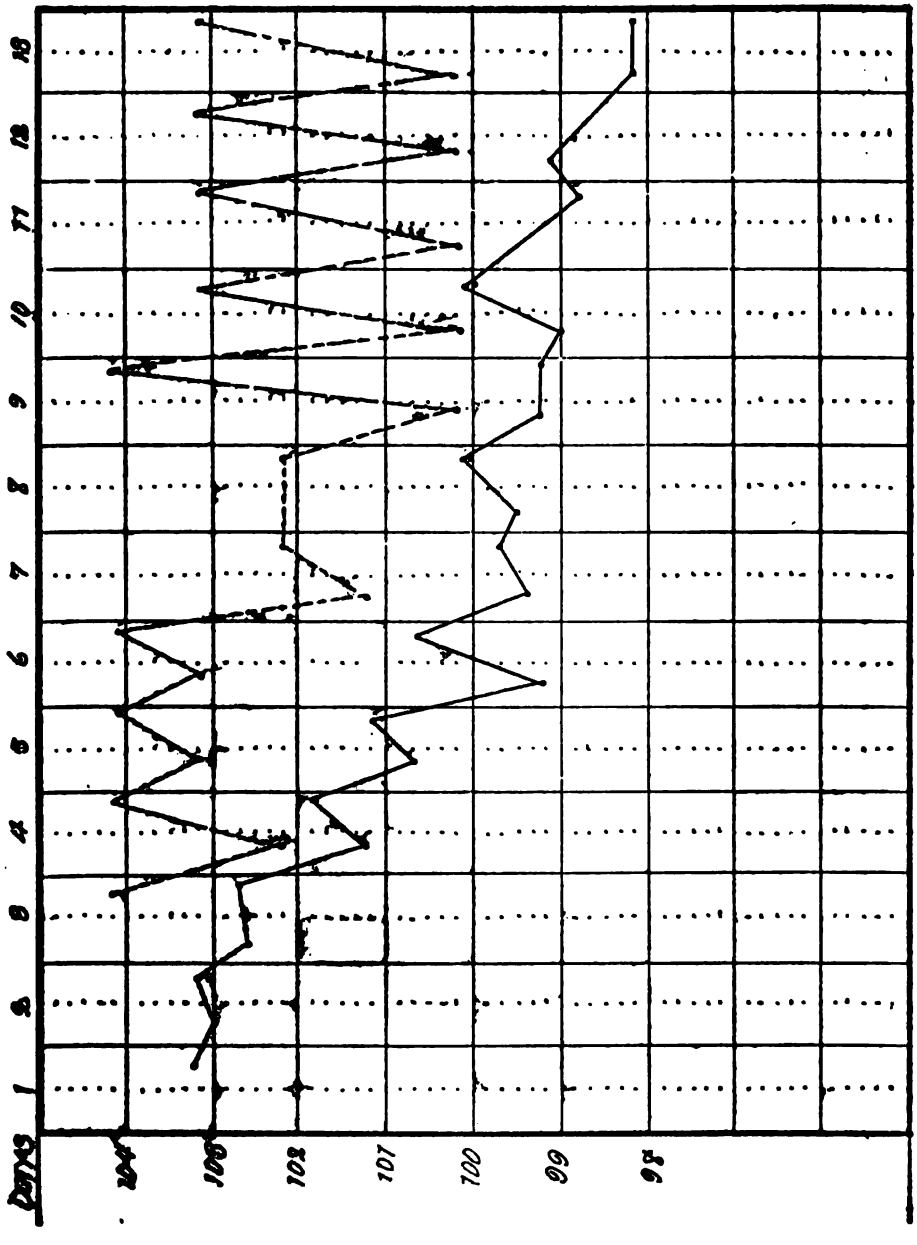
The pulse chart of Dr. Jones is so closely like that of the case under consideration that they can not be drawn on the same sheet without becoming inextricably blended.

This case is illustrative and instructive, at the present juncture, because it shows the practical difficulties that sometimes confront the conscientious physician in the discharge of his duty. It is entirely within the bounds of possibility that just such a case might have been found in some uninfected city during the panic of last Autumn. The physician would have received, first, a history of a typical malarial attack, and would have seen nothing to arouse suspicion. Then, when the intermissions disappeared, the disease proving invulnerable to antimalarial treatment, the temperature curve corresponding with that of yellow fever, the pulse lagging far behind the temperature, and feeling soft and gaseous, and, finally, when analysis showed large quantities of albumin in the urine, he would have been confronted with the gravest problem a physician is ever required to solve. Is this, or is it not, yellow fever? Shall I precipitate a panic, commercial disorder, and hostile qarantines by announcing a "suspicious case"? Or, shall I conceal my suspicions and run the risk of scattering a possible infection by allowing persons who have been exposed to the contagion to mingle freely with the community?

Suppose the Widal test, as modified by Archinard, had been employed. The bacillus icteroides sometimes agglutinates with typhoid serum, and might have done so in this case. Moreover, that test has yet to be tried in actual practice by hundreds of observers before its true utility can be decided. It is only too probable that its practical usefulness will be found as limited as its original proceeding proves to be in the diagnosis of typhoid.

If the little editors, the corner gossips, and the omniscient "old citizens" could realize the crushing responsibility felt by the physician at such a moment, they might experience a proper sense of shame for their flippant criticisms. They would realize the depth of the silent contempt with which our profession regards their untrained and intemperate views. They could not, however, appreciate the sentiments of gratitude and respect we entertain for the multitudes of wise and sensible citizens who discourage sensationalism and hold up the hands of the tired doctors in their patient struggle with the pestilence: and our admiration for and reliance upon the great, strong newspapers that encourage, stimulate, and help their communities, and scorn to descend to the realms of deception and misrepresentation.

The further progress of the case I have so briefly sketched was uneventful. It presented the usual phenomena of typhoid fever, and recovered after a tedious convalescence. It was an object lesson of some value, because it presented: First, the features of malarial intermittent fever; second, of yellow fever as seen in 1897; and third, of typhoid fever. Thus forcibly illustrating some of the practical difficulties in the differential diagnosis of yellow fever.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In closing the discussion, Dr. Moody replied only to the remarks of Dr. LeGrand. He said that when he spoke of little editors of little papers, he did not refer to the residence of the editor or the size of the sheet upon which his paper was printed. Some of the noblest, most helpful work had been done by editors of country papers, though this was not always the case. Some of the smallest, most idiotic meanness had been perpetrated by some of the city papers of large size and wide circulation. Newspapers, like men, reveal their true character in times of emergency and danger, and the characters thus demonstrated, should not be soon forgotten. The brief paper was intended for precisely the object stated in its title, and he thanked the Association for receiving and discussing it from that standpoint.

THE PREVAILING EPIDEMIC OF YELLOW FEVER THAT EXISTED IN MOBILE AND THROUGHOUT THE SOUTH DURING THE SUMMER OF 1897.

By Henry Tutwiler Inge, M. D., Mobile,

Grand Senior Counsellor of the Medical Association of the State of Alabama.

There have been so many scientific papers written on the pathological and etiological causes of yellow fever that it is not my purpose to go into a scientific description or discussion at this time; but I will try to present for your consideration a few facts, as they occurred and were learned by me during the epidemic that prevailed in Mobile last summer.

It was known in Mobile for about three weeks that there was a fever existing at Ocean Springs that was characterized as an epidemic of dengue fever. Necessarily, it attracted the attention of the profession outside of Mississippi. It dawned upon or was disclosed to the people of Ocean Springs about the 15th of August that this so-called dengue fever was yellow fever; and they, before the profession of that town pronounced it such, were writing to their friends throughout the States, telling them of the existence of yellow fever. Prior to the investigation of the New Orleans board, which met there about August 20th, the people were leaving in great numbers for all portions of the South; and the great wonder is that the damage done from this source was not more serious, the physicians themselves being unable to diagnose the prevailing fever as yellow fever, and

their failure in this regard preventing the authorities in other communities from protecting themselves.

That the fever was imported into Mobile very suddenly can be traced to residents of this town, who had previously visited Ocean Springs.

On Sunday, the 12th of September, when Dr. Guiteras first visited Mobile, there was very little fever of any character in Mobile. The following Sunday there was an increased amount of fever; and in two weeks from the first date, there was hardly a residence in the southwestern part of Mobile in which there was not some form of fever.

This was the writer's first experience in an epidemic of yellow fever, and, I am free to confess, I was loath to believe that the first few cases that I attended were yellow fever. All of the written descriptions of the disease that I had seen did not correspond with the clinical experience I had with these cases. That the disease can appear in an extraordinarily mild form, from which another person can become inoculated, and such other person have a more malignant form, I will attempt to show later. I am thoroughly of the opinion that yellow fever is not conveyed except by contact with the person who is suffering at the time with yellow fever; or in packages done up in the presence of yellow fever and never exposed to sunlight and fresh air. I do not believe that an immune can carry yellow fever from one person to another, and I believe that a resident in thickly settled yellow fever districts can quarantine himself within his own house, and never take the disease. I make this seemingly bold assertion, believing that it will be the opinion of every other physician here who has treated the disease, that such is a fact, when they consider their personal observation and experience. It is my opinion that a man can have yellow fever of so mild a type that it will not be absolutely necessary for him to take his bed during the attack, and yet not succumb to the disease; but this same man can convey it to a subject, who will have a most malignant form of yellow fever. To relate one case that came under my observation, in the person of

a young physician, who was in my office at the time. Three weeks had elapsed, and he had not been brought face to face with a yellow fever patient; but I had seen several cases of yellow fever, and would go immediately from the bedside of a patient to my office, where I associated with him. I rode, ate, and slept with him, but he never concontracted the disease. When, however, I took him to see a malignant case of yellow fever, he, in thirty-five hours after coming in contact with said case, was taken with the characteristic chill, pain, and all the symptoms of the milder form of the prevailing fever. There were many families who lived in the thickest portion of the yellow fever district, whom I had ordered to stay strictly at home, to permit no one to go into the house, to have no communication with outsiders, and no member of these families ever acquired the disease in any type.

SYMPTOMS.

As to the symptoms that first present themselves to a physician, when he is called to a yellow fever case: The patient feels as well as possible, and has absolutely no warning of the attack, when suddenly the chill approaches. this chill may be either mild or severe, but as a general thing lasts from one to two hours. As the chill subsides, the pain in the frontal region of the head becomes intense; it feels as though the entire pain was centered just above the eyes; and simultaneous with that, the pains in the back become intense. The fever may rise within the first six or eight hours to 103 or 104, and the pulse from 100 to 125. Within twenty-four to thirty-six hours the temperature will drop to 100½ to 102, and the pulse will decline to 50 or 75. The temperature gradually declines, until about the third or fourth day, until it reaches about 99½ to 100; and during that period, the most intense disturbance of the heart's action takes place. The pulse is slow, the face acquires a deep ruddy complexion; the eyes take on a vacant stare, with a curious smoky or murky appearance. In fact, the facial expression is different from anything I have ever

seen. On the fourth or fifth day, if the hand is passed over the face or hands, expelling the blood from the capillaries, the skin will have a slightly yellow tinge. On the fifth or sixth day, the fever may rise to 100, and so remain for ten hours, when it will fall to normal. The pulse will then gradually increase in frequency until it reaches the normal point; and the patient may be fairly classed as convalescent, and the yellow tinge on the skin gradually passes away. If, however, the tendency is to a fatal termination, the jaundice color increases, the heart's action diminishes, sordes are deposited on the teeth and gums, the patient acquires a low form of muttering delirium, and continues in this condition until death occurs. I consider as an important, at the same time strange, symptom of yellow fever, the fact that the patient has horrible and distressing dreams when the temperature reaches 100. They describe it as the most awful thing on earth, that they dreamed of things never thought of, and that the mental agony at the time is the severest to which they have ever been subjected. This symptom I consider of especial value, and of all the cases that I treated, every one gave a similar and accurate history of these dreams.

As regards the albumin in the secretion, it is my opinion its presence is a collateral symptom. It may or may not exist. The most malignant case of yellow fever that I had, in which death occurred in six days, the patient showed every symptom of yellow fever, and at no time during his illness was there the slightest appearance of albumin. Therefore, I do not consider it as a pathological certainty in the disease.

PREVENTIVES.

As to the preventive of yellow fever, I do not believe it exists. I can not believe that medicines will, as recommended, have any effect on preventing the introduction of the germ into the system; for it was tried faithfully on many subjects, and I can not recall a case wherein it was successful. But if I were called upon to offer anything in

the way of a preventive of yellow fever, I would rather say that the constant and habitual use of tobacco would become nearer proving a preventive than any medicine that can be used.

I am of the opinion that if the kidneys are secreting well, the liver perfectly normal in its action, that the patient who takes yellow fever will have a very much milder case than one who does not keep his system in good condition. Subjects who have been in good health for years succumb as readily to the influence of yellow fever as those who have been in feeble and bad health all their lives.

TREATMENT.

As regards the treatment of yellow fever, I do not think there can safely be a routine treatment; for the reason that what will prove efficacious in one case would have absolutely no effect in another. However, I will try to give, as far as possible, the treatment that I adopted, and which seems to me most effective. As soon as possible after the onset of the disease, it was my endeavor to produce as profuse diaphoresis as possible, by the application of hot mustard foot baths under blankets; and the immediate administration of some of the antipyretics that would assist in this direction. Phenacetine could be used at this stage with perfect freedom, as there is no danger from the heart at the onset. I would administer from five to six grains of phenacetine every three or four hours until the pain in the head and back would be relieved. I would then give a large dose of liver medicine, calomel preferable to any other. Within eight hours after the chill subsides, I administered one decided dose of quinine—10 to 15 prains—and then all active treatment was abandoned. On the third or fourth day, when the heart's action began to fail, I would use sulphate of strychnia internally; and if I found it had not the desired effect by such administration, I would use it hyperdermically. Stimulants in the form of whiskey, champagne and Ducro's Elixir should be started before the pulse reaches the low ebb. If, however, the white frothy

vomit occurs, which always occurs prior to black vomit, relief can be obtained by the hyperdermic administration of morphine at once. I succeeded in several cases in relieving the most violent retchings in yellow fever by this method. The stomach should be kept perfectly empty during this period; and the patient should have absolute rest and quiet. As soon as convalescence is established, the diet shonld be guarded with great precaution, as many of the fatal cases are caused by imprudence in eating at this time.

I do not believe in active treatment after the first twelve hours of the disease; for I believe it does more harm than good. The stimulating treatment should be governed by the condition of the heart's action, which should be watched closely throughout the entire disease.

The duration of yellow fever is self-limited, running its course in six to eight days; but at the end of that time, the patient is completely prostrated and it takes weeks to regain his former strength.

Each of you are thoroughly conversant with this resulting prostration, and is aware that the patient should be closely watched and kept from all imprudence, as in the time of convelescence from other diseases. It can, therefore, be of no interest to enter this field.

In this brief paper, I hope may be found some hints of a practical nature, which may prove useful and beneficial in the event of a recurrence of this most dreaded of the dread diseases.

THE FIRST RECOGNIZED CASE OF YELLOW FEVER IN MOBILE IN 1897, WITH COMMENTS AND DEDUCTIONS.

By Edwin L. Marechal, M. D., Mobile,

Senior Counsellor of the Medical Association of the State of Alabama.

On the 10th day of September, 1897, at 9:30 o'clock in the evening, there was admitted to the City Hospital, Mobile, Alabama, Anton Hagan, age 42 years. He had been sick since the morning of the 6th inst., at the boarding house of Miss Margaret Conner, No. 68 Government street, from which place he was removed to the hospital upon a permit issued by the City Health Officer. Hagan was by birth a Norwegian, and had been employed since coming to Mobile at the boiler making establishment of Richardson & Godard, on Water street. All the information that could, at the time, be obtained, was that he had been drinking very heavily, and had on the morning of the 5th inst. had a chill, followed by high fever. For this condition he had taken four Tutt's pills, which had provoked an apparent dysentery, and which trouble was presumably the cause of his illness. However, inasmuch as yellow fever existed at Ocean Springs, Miss., a station on the L. & N. R. R. 57 miles from Mobile, Dr. G. H. Fondé, the resident physician at the Hospital, looked upon the case with suspicion and thoughtfully had Hagan placed in the ward for infectious diseases, which is separate from the other departments of that institution.

Upon his arrival at the Hospital, his temperature was 100.6°, pulse 62. He was given fifteen grains of quinine and one-fortieth of a grain of strychnine, together with whiskey. Later, on account of the disturbed condition of his bowels, a Bismuth mixture was ordered for him. The next morning, September 11th, at 9 a. m., temperature 100.7°, pulse 59. In the afternoon, Dr. Fondé telephoned me to call at the Hospital to see the case. At the time I was the physician in charge of the male medical wards of the institution. I saw Hagan for the first time at 4:30 P. M., when I found the pulse and temperature the same as they had been in the morning. An examination of his urine had been made, but revealed nothing abnormal. After a careful examination of the case, I stated that despite the fact that we had been unable to obtain a coherent history of exposure to infection, I considered it extremely suspicious and would so report it to the health authorities. I concurred in the treatment which was being pursued, and commended the admirable manner in which Dr. Fondé had isolated the patient. Later in the afternoon, finding that urgent professional engagements would render it impossible for me to prepare an elaborate report of the case to present to the Board of Health that evening, I related all the details of it to Dr. J. G. Thomas, a member of the board, with the request that he would kindly make a verbal report of it for me, which he courteously consented to do.

Upon my visit the following morning, the 12th inst., I was informed that the previous evening the patient had been visited by Dr. Rhett Goode, acting President of the Board of Health, Dr. W. H. Sanders, State Health Officer, and Dr. J. A. Abrahams, City Health Officer, which plainly indicated that Dr. Thomas had complied with my request. The gentlemen named, however, did not commit themselves to a diagnosis. 9 a. m., temperature 100°, pulse 52. 4:30 P. M., temperature as in the morning. The treatment at that time consisted wholly of stimulants, except the occasional administration of chlorine mixture for the relief of his bowel disturbance, which still continued, the discharges

not being fecal, but almost wholly of blood. A careful examination of the urine made by Dr. Fondé showed albumin, and the microscope revealed an abundance of casts.

During the day, I was called upon by the Clerk of the Board of Health, who requested me to furnish him a list of my fever cases of every character, and he informed me that a similar request had been made of every physician in the city. He further stated that Dr. Guiteras would arrive in Mobile about noon, and a list of all the fever cases under treatment would be submitted to him in order that he might satisfy himself that not a suspicious case of fever existed in the city. In furnishing a list of my cases, I laid especial emphasis upon that of Hagan, and expressed an earnest desire that Dr. Guiteras should examine him.

At 8:30 a. m., September 13th, I saw the patient and his temperature was 100°, pulse 62. He was mentally obtuse, with suppression of urine. The surface of his body presented a slight icteroid hue. His bowels were much disturbed, the discharges being septic in character. I informed Dr. Fondé that in my opinion the case was one of yellow fever, but as Dr. Guiteras would undoubtedly see it during the day, I did not wish to make a public announcement until after his visit, for I was satisfied that he would confirm the diagnosis. However, upon my arrival at my office a few minutes later, in answer to an inquiry, I informed my associate in practice that Hagan unmistakably had yellow fever. An hour later I called at the Health Office and in a conversation with the Health Officer, requested that he have Dr. Guiteras see the case. He informed me that he would do so, and added that the Board of Health had had my case under observation since its admission to the Hospital, thereby confirming a statement made by Dr. Fondé that the case had been visited daily by some of the health authorities. Dr. Rhett Goode, acting President of the Board of Health, accompanied by Dr. John Guiteras, visited the case two hours later and Dr. Guiteras pronounced it one of yellow fever.

14th, 9 a. m.—	Temperature	98°,	pulse	68.
4 p. m.—	"	99°,	"	74.
15th, 9 a. m.—	"	98.5°,	"	76.
4 p. m.—	"	99.5°,	"	80.
16th, 9 a. m.—	"	100.2°,	"	96.
2 p. m.—	"	100°,	"	99.

During the morning the patient had upon several occasions ejected Black vomit, and there was persistent suppression of urine. About 3 P. M. he began to sink, his temperature being subnormal, while his pulse became extremely frequent and feeble. At 4:30 P. M. he died.

Autopsy held one hour after death—Rigor Mortis incomplete. The surface of the body was of a uniform lemon color. Upon opening the abdomen, the liver was found to present all the evidences of fatty infiltration, its color being "boxwood." The kidneys were fatty and friable. The stomach was filled with black vomit. Drs. T. S. Scales, P. J. M. Acker, Rhett Goode, G. H. Fondè and myself, who were present, united in signing a certificate that in our opinion the cause of death was yellow fever.

I have now in an imperfect manner described the first recognized case of yellow fever that occurred in Mobile during the season of 1897. I say *recognized*, because there is a possibility that there may have been previous cases in the city, which had not been diagnosticated inasmuch as our physicians had not had their suspicions aroused by reports of the existence of the disease in the United States.

Ocean Springs, Miss., if we are to believe the committee appointed by the legislature of the State of Mississippi to investigate the origin of the outbreak of fever there, had had yellow fever several months before it was discovered in Mobile or New Orleans and all that time, there had been free intercommunication between the people of these respective cities and those of Ocean Springs. There had been mild cases of fever, ephemeral in character, in Mobile, characterized by prostration, disproportionate to the severity of the febrile reaction, which were followed, in some instances, by jaundice. It was not until September 5th, that the

disease at Ocean Springs was pronounced yellow fever, notwithstanding the fact that experts had for quite a time, with ample facilities for investigation, failed to solve the problem before.

When the case which I have detailed, was pronounced yellow fever, a state of alarm was apparent on every side and naturally so too, as Mobile had been exempt from the ravages of the disease for nineteen years. The author of this paper came in for a large modicum of this acrimonious criticism and his professional qualifications were seriously questioned simply because he had had the misfortune to discover a case of the dreaded disease.

The question naturally arises, what was the source of infection in this case? During its existence, much speculation obtained on this question and it was asserted, without a shadow of authority, that it had been contracted upon an infected fruit steamer, upon which Hagan had plied his vocation. Again, the statement was made that he had visited Ocean Springs and thereby contracted the disease. The former theory was easily disproved, since the records in the office of Dr. T. S. Scales, Executive Officer of the Quarantine Board of Mobile Bay, unquestionably established the fact that during the year 1897, there had been no infected vessels in the port of Mobile, except such as derived their infection late in the season from that city. The second assertion could not be so easily disposed of, but after a thorough investigation of the facts in the case, the evidence which has been accumulated undoubtedly refuses it.

Hagan came to Mobile from Chicago on June 17th, 1897, three months prior to his illness. He had been continuously employed, as before stated, by Richardson & Godard and had been boarding at the same house from which he was removed to the City Hospital on September 10th. He left this boarding house at 6 o'clock, P. M., September 4th, and on the 6th returned sick. There had been no sickness at the boarding house. It therefore became necessary to ascertain Hagan's movements from the 4th, to the 6th of September, the period of his absence from the boarding

house in order to determine, if possible, the source of infection. It was found that he stayed at the house of a woman, Rosa Jones, on Charleston Street, on the night of September 4th, and remained there until his return to his boarding house on the 6th. Having an engagement with a friend to go crabbing at 4 A. M. on the 5th, he was too sick to keep it. He was quite sick all that day, so much so that the woman, Jones, who herself was indisposed, endeavored to induce him to go to the hospital. This woman was kept under close observation. She had been sick since September 8th having had a chill on that day, followed by fever. Her case, however, yielded promptly to full doses of quinine. After a thorough and painstaking investigation of Hagan's history previous to his admission to the hospital, Dr. H. B. Mohr, at that time Assistant Health Officer of the city of Mobile, made the following significant statement, in his report to the Board of Health: "In all my investigation, I could not trace Hagan's contact with anyone or anything from an infected locality."

The facts, which I have stated, leave the origin of the Hagan case still *sub judice*. As before stated, there had

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Subsequent to the Hagan case the following others occurred in the order and at the localities specified:

1. Dudley Milstead, Savannah 2 west of Marine Street;
2. Robert Holcombe, 470 Charles Street;
3. Dan Holcombe, 470 Charles Street;
4. J. L. Taylor, N. W. Conception and Church Streets;
5. F. S. Cox, 155 South Royal Street;
6. Alice Joullian, 458 South Broad Street;
7. Henry Ezell, New Jersey, bet. Scott and Bayou Streets;
8. Mary Joullian, 458 South Broad Street;
9. Frank Donaldson, 414 Marine Street;
10. George Shanberger, Lawrence 2 N. of Augusta Street;
11. Aracene Ergnez, Augusta and Lawrence Streets.

Seven of these cases occurred very near a mile from where Hagan was taken sick. Case No. 4 occurred eight squares distant; No. 5 seven squares; Nos. 10 and 11 five squares from the residence of the Jones woman. Under the circumstances the assumption that the locality where the Hagan case originated was primarily the infected portion of the city is conclusively disproved.

been no sickness at his boarding house and none, at least, of a suspicious character among his fellow employees. Owing to reports of sickness at Ocean Springs, the keeper of the boarding house had since May or June declined all applications for board by parties arriving in the city by trains. But the question, like Banquo's ghost, will not down, from what source did Hagan contract yellow fever? This question can only be answered in a supposititious manner.

1. As his boarding house was but a short distance from the Union Depot, and on the line of travel to and from it, it is possible that at some time he may have come in direct contact with some person from Ocean Springs.

2. That there had been cases of yellow fever in Mobile prior to his illness, and that such case or cases, may have been the source of infection.

Relative to the first proposition, I will say that such a contention, in my opinion, is illogical, unless it can be positively demonstrated that he came in direct contact with some infected person or thing, and there is not a scintilla of evidence to sustain such a claim, neither is there any conclusive evidence tending to prove that there had been pre-existing cases of the disease in Mobile. It is scarcely probable that the entire medical profession of the city, several of whom had had extensive experience in yellow fever epidemics in the past, should have uniformly failed to diagnosticate their cases. Admitting the correctness of these postulates, and I submit that they are reasonable, we must confess our inability to trace the source of infection in this case, although the assumption that the entrance of the infective agent into Mobile from Ocean Springs seems when all the facts are considered, to be logically justifiable.

It might now, with perfect propriety, be asked: Why was not a diagnosis made prior to the seventh day of the disease? It should be remembered, before the diagnostic competency of those involved is questioned, that Hagan had been sick five days before he was seen by a physician; that he had been on a spree, and that he had an apparent dysentery, which had been evidently provoked by hyperca-

tharsis—a train of circumstances likely to mislead the most expert diagnostician. When I saw him first, the afternoon of the sixth day of his illness, he was evidently in the period of calm of yellow fever, a condition deceptive in its nature, and which necessarily rendered a positive diagnosis impossible, especially in view of the absence of a prior history of the case or of any information indicating probable exposure to infection. While the *tout ensemble* of the case at this time aroused my suspicions as to its nature, I was unwilling to assume the responsibility of pronouncing it to be yellow fever. Drs. Sanders, Abrahams, and Goode saw the case the same night, and they were too discreet to announce a diagnosis.

On the following morning after the discovery of albumin and casts in the urine, and a recognition of the fact that the dysenteric symptoms might possibly be simply a passive hemorrhage, I was deterred from positively pronouncing the case one of yellow fever on account of the length of time it had existed with no definite indication of its nature. At my visit on the morning of the 13th I no longer had the slightest doubt as to the nature of the case, and announced my opinion to the resident physician of the hospital. Of course, the ejection of black vomit later in the day was ample confirmation of my diagnosis, although I will state that I do not consider black vomit pathognomonic of yellow fever. The case had been regularly visited by the health officials, and they had, up to that time, failed to arrive at anything like a satisfactory conclusion as to its nature. It may appear, however, to those who have never had experience in the treatment of yellow fever, that failure to diagnosticate the disease within twenty-four hours after its inception is unpardonable; but such a position will rarely be assumed by any one at all familiar with the disease. Black vomit, passive hemmorrhages, and jaundice do not necessarily imply yellow fever, and even they do not occur sufficiently early in the disease to serve for diagnostic purposes, while, at the same time, it should be remembered that they may all occur in other fevers. Yellow fever is usually

ushered in by a chill, with violent pains in the head and loins, and injection of the eyes, a complexus of symptoms by no means pathognomonic. On the second or third day it is asserted that in yellow fever the urine is albuminous, but even this, if it should be found in a case, would not justify a new diagnosis of that disease. Faget, whose experience in the treatment and study of yellow fever was exceptionally large, says: "On the seventh day I have found critical deposits in the urine, and often after well confirmed convalescence." During the prevalence of the disease in Mobile last fall, I had several well marked cases of yellow fever without albuminous urine, and one case, notably, in which, despite the fact that the urine was examined regularly, morning and evening, no albumin was discovered until the twelfth day of the disease. Admitting that albuminous urine occurs with uniform regularity in yellow fever, we question whether, under such circumstances, it is positively diagnostic, even if linked with the symptoms of which I have spoken. Do we not have albuminous urine in other forms of fever—fevers which are endemic, and which are not propagated in epidemic form? Thayer, in his recent able work, says, relative to the presence of albumin in the urine of patients sick with malarial fever: "Albumin is usually present after severe paroxysms. In the regular intermittent fevers it may amount to only a slight trace, while in severe infections it may be more abundant. The sediment here shows usually a few hyaline or granular casts. In the milder cases, these are only to be found after the most prolonged and careful search. Where the albumin is more abundant, they may be frequent." In the severe, pernicious malarial fevers, which might, possibly, be mistaken for yellow fever, upon the subject of urine, he says: "The amount varies considerably in different instances. It might be extremely scanty, though at times it might amount to one thousand or fifteen hundred cubic centimeters. The specific gravity varies inversely to the amount of urine passed. It is usually above normal. The reaction varies,

being generally feebly acid, and albumin is usually abundant." While, then, albuminous urine frequently occurs in malarial fevers, and may lead to confusion in diagnosis, a microscopist, by a blood examination and the finding of Lavaran's hæmatazoon could easily remove all obscurity from the case, so far as that form of fever is concerned, unless the case was one of mixed infection.

If then the symptoms which I have detailed do not positively indicate yellow fever, it will be readily conceded that to conclusively demonstrate its presence in a patient, we must utilize some other signs or symptoms, which have been demonstrated in at least a large majority of cases of the disease. Have we any classical signs, which being present, would justify a diagnosis of yellów fever in the absence of a pre-existing case of the disease? I believe we have. After a careful study both of the cases of yellow fever that I have come in contact with during three epidemics, and the labors of others who have devoted much time and energy to the investigation of this subject, I believe that in the pulse and temperature, we have an almost unvarying rule upon which to base a diagnosis. In other words, I am in hearty accord with Dr. J. C. Faget in his statement that: "The *initial divergence* of the pulse and temperature in yellow fever is its *pathognomonic clinical sign.*" Again he says: "It is true we do not know the line of the pulse in many of the fevers; but the *thermic line* of pneumonia variola, varioloid and scarlatina at their commencement resemble it; now in these latter fevers at least, it can hardly be doubted that the course of the pulse is not as a rule parallel to that of the temperature, at least at the commencement." This morbific phenomenon has been termed by the text-books lack of correlation between the pulse and temperature and their description of it has been misleading. Faget, in his statement, did not intend to imply that when the temperature curve ascended the pulse line descended, or that when the temperature curve descended, the pulse line descended. Faget's investigations, the correctness of which have been confirmed by other observers, demon-

strated that from the beginning of the disease, the pulse regularly and rapidly declined in frequency, regardless of whether the temperature was ascending or declining. The temperature of yellow fever may be ascending, but the pulse is at its highest on the first day and steadily declines even into convalescence, unless some inter-current trouble occurs. Besides the diagnostic value of this sign, the reverse is of value in prognosis. "The two lines descending parallel, at least from the third or fourth day, slowly and steadily declining, is the most assuring fact in the course of yellow fever. If in their descent, they stop and present horizontal oscillations something abnormal has occurred; then is the time to subject the organs to an attentive examination, and to *reserve* the *diagnosis*. Lastly, a little later, if the two lines show a *divergence inverse to that at the commencement*, if that of the pulse takes an ascending course at the end, while that of the temperature sinks low, death is almost certain—or rather it is even impending."

Given a case of fever with violent pains in the head and loins, with or without albuminous urine, and presenting the lack of correlation between pulse and temperature as described by Faget, I hold that a diagnosis of yellow fever is justifiable. It is true that the facies of yellow fever is almost characteristic, but its features each one must learn for himself since it is indescribable. It, however, seems "to indicate that the nervous system has been shocked."

The great and practical point of importance, however, to both the profession and the laity, is the prevention of this dread disease, but such a thing can not be assured until its pathogenic microbe is positively determined, and carefully studied. It is true that Sanarelli, of Montevideo, claims to have discovered in the *bacillus icteroides* the true causative agent of yellow fever, and while his work appears faultless and his results conclusive, it all lacks, as yet, confirmation by other observers. If such a confirmation should come later, it will be comparatively easy, with a full knowledge of the characteristics of the microbe, to devise sanitary

measures competent to inhibit its potency for evil. In the absence of this knowledge, we should exclude the disease by strict *scientific* quarantine, at the same time remembering that should it gain access to a community its widespread propagation is dependent upon bad sanitation, plus individual receptivity. In a matter of such momentous importance it would be well for the members of the medical profession to give intelligent heed to Pettenkoffor's aphorisim: "The spark does no harm unless there is gunpowder for it to come in contact with."

QUARANTINE.

By W. H. Sanders, M. D., State Health Officer.

Read before the Medical Association of the State of Alabama.

The subject of quarantine, always important, became invested last year with unusual and urgent importance, owing to the fact that yellow fever obtained foothold in one of our Gulf States, and propagated itself therefrom to several others of them.

It goes without saying that the fact of such ingress demonstrated the existence of a weak point somewhere in the line of our quarantine defences on the coast, inasmuch as the exotic origin of this disease has long since been established.

It is not within the scope of this paper to inquire where that weak point was, nor to discuss the events that immediately preceded or accompanied the recognition of the disease. The object is to deal with the principles and practice of quarantine in the light of our recent experiences, with the hope of extracting therefrom some lessons of value and some guides for the future.

The right of quarantine being one of the most fundamental and inalienable that a people can invoke for the protection of their lives, wisdom imperatively demands that when exigencies justify the exercise of this right it should be most promptly instituted and most vigorously and equitably administered.

The confusion and conflicts which in many instances

attended its exercise during the recent epidemic loudly emphasized the necessity for a pains-taking and exhaustive re-study of the subject, with the view of evolving the most perfect and harmonious system attainable.

It was recognized that times have greatly changed, and that such is the rapidity and volume of trade and travel now that systems formerly deemed adequate are now wholly inadequate, and therefore need to be readjusted to new conditions.

Such reflections led the writer last November to conceive the idea of a Quarantine Convention, the scope and objects of which will be set forth in the following correspondence:

OFFICE OF THE STATE BOARD OF HEALTH,

MONTGOMERY, ALA., Dec. 7, 1897.

Gov. Jos. F. Johnston:

DEAR SIR—The recent introduction of yellow fever into one of our Gulf states, and its spread therefrom to several others of them, has strongly emphasized the wisdom of making an effort to devise some more efficient measures than have heretofore existed for the prevention of a similar disaster in the future.

The time seems ripe for such an effort. Our people are deeply and universally aroused on the subject, and justly so, for no subject could be more vitally connected with their social, sanitary, commercial and industrial interests. The magnitude of the questions involved points out the necessity of adopting the wisest course in order to reach the best possible results.

To me it is clear that our first need is light—all the light we can possibly procure. To obtain this I propose a Quarantine Convention of the South Atlantic and Gulf States. The geographical position of these states gives them an interest in the subject far above that of any or all the other states, and their recent experience eminently fits them for dealing with it intelligently and wisely.

Their interests are sufficiently homogeneous and their exposure to infection sufficiently great and uniform as to closely unite them in a friendly and earnest effort to formulate systems of protection that shall be founded upon principles of equity and justice and shall at the same time be efficient and harmonious.

At the proposed convention delegates should represent every business and profession, with a view of making a scientific and exhaustive study of both the theory and practice of quarantine.

To eminent lawyers should be assigned themes intended to develop and clearly set forth the legal propositions upon which all systems for the protection of the public health should be built.

To merchants should be assigned commercial themes, to doctors scientific ones, to railroad and steamboat officials those bearing upon transportation, to editors those appertaining to public policy, to representatives of the postal service those affecting the mails, and to all other classes subjects appropriate to their several departments of business.

With carefully prepared papers on appropriate themes belonging to each of these departments, together with the discussions that would grow out of them, a flood of light would be thrown on the subject of quarantine.

In a word, the idea is to make the proposed convention broadly educational, and at the same time to furnish an opportunity for cultivating that spirit of harmony and mutual confidence which will be so conducive to the most judicious legislation.

I deprecate the haste with which many of our people are forming opinions upon the subject of quarantine, and fear they are doing so without due consideration.

That our system of quarantine urgently needs to be reformed is freely conceded, but let us by all means search out and apply the best remedies. I know of no other way of finding these remedies than by studying the subject according to the plans briefly indicated.

I have but imperfectly sketched the beneficial results that would flow from a convention of the kind suggested, but I feel sure you will readily see the wide scope of usefulness it would fulfill.

I suggest Mobile as the place, and about the first of February next as the time, for holding the meeting.

Mobile is centrally located with reference to the territory to be represented, and lies on the coast that is most directly interested in securing protection.

The hospitality of her people is proverbial, and I feel safe in saying that a body of men meeting there for the purpose indicated would receive hearty and cordial welcome.

May I ask your moral support and co-operation in promoting my objects, feeling sanguine as I do that much may be thereby achieved for the good of the entire country.

With distinguished consideration, very respectfully yours,

W. H. SANDERS,
State Health Officer.

STATE OF ALABAMA,

EXECUTIVE DEPARTMENT, OFFICE OF THE GOVERNOR,

MONTGOMERY, Dec. 8, 1897.

Dr. W. H. Sanders, State Health Officer:

DEAR SIR:—I have just received your favor laying before me your suggestions in regard to calling a Quarantine Convention, composed of delegates representing all classes and pursuits affected by quaran-

tine restrictions, to consider the origin and most effective means of stamping out epidemics. I beg to say that I heartily concur with your suggestions. The time seems to me most opportune for our wisest physicians, lawyers, merchants, farmers and others affected to give thoughtful utterance to sound views. I am sure that such a convention will be a great educational institution, and enable us in the future to enact such wise and wholesome regulations as will properly protect the lives and property of our people.

I beg to say that you shall have my hearty co-operation in the matter proposed, and that I shall do everything consistent with my position to have Alabama and all the states represented by their best thought in considering the vital questions involved.

Yours respectfully,

(Signed) JOS. F. JOHNSTON,
Governor.

The project having received the endorsement of Governor Johnston, invitations were sent out for a preliminary meeting, in response to which the following named gentlemen assembled at the Battle House, in Mobile, on December 18, 1897: Governor Joseph F. Johnston, of Alabama; Drs. Sanders, Olliphant, Ketchum, Thomas, Owen, Gaines and Moody, of Mobile; Hon. D. P. Bestor, Mayor Bush, President Brown, of the Chamber of Commerce; President Kahn, of the Cotton Exchange; Judge Austill, of the Bar Association of Mobile; Drs. Haralson and Dukes, of the Mississippi State Board of Health, and Dr. Olliphant, President of the Louisiana State Board of Health.

The meeting was organized by calling Governor Johnston to the chair, and by the appointment of Dr. H. A. Moody as secretary.

The objects of the meeting were stated by the writer, after which the following resolution was offered and unanimously adopted:

Resolved, That this meeting heartily approves the proposition made by the health officer of Alabama to hold a Quarantine Convention of the South Atlantic and Gulf States, believing that such a convention will result in throwing much light on a subject that urgently demands mature study and investigation, and by so doing will clearly point to such legislation as will not only remedy many of the evils experienced during the recent epidemic of yellow fever, but will promote the creation of systems of quarantine that will be both scientific and just and therefore efficient and harmonious.

After full discussion it was decided that the membership of the convention should be as follows:

1. Members of State Boards of Health of the South Atlantic and Gulf States, by virtue of their official positions.

2. Members by appointment of the governors of the South Atlantic and Gulf States—five from each state.

3. Members by appointment of municipal governments, as follows: Each city in states above mentioned, of 10,000 inhabitants, one delegate, and an additional delegate for each additional 30,000 inhabitants; also each town upon the South Atlantic and Gulf coasts of 1,000 or more inhabitants, one delegate, all to be appointed by their respective municipal authorities.

4. Members appointed by commercial bodies, one delegate from each commercial organization in cities and towns entitled to municipal delegates.

5. Members appointed by railroad systems entering any of the states participating in the convention, one delegate from each such system.

6. One delegate representing the transportation interests of each navigable river in the territory participating.

7. Members by invitation of the executive committee.

After some discussion it was decided that the chairman should appoint an executive committee to consist of nine members, clothed with power to act, and to add to its number from states not represented.

It was decided that three members of said committee, of whom the chairman must be one, shall constitute a quorum.

The chair appointed the following gentlemen to constitute the Executive Committee: Dr. W. H. Sanders, State Health Officer of Alabama; Dr. George A. Ketchum and Mayor J. C. Bush, of Mobile; Ex-Governor J. M. Stone and Dr. H. H. Haralson, of Mississippi; Dr. J. Y. Porter, State Health Officer of Florida and Hon. W. H. Northup, Mayor of Pensacola; Dr. R. M. Swearingen, State Health Officer of Texas and Mayor Baldwin Rice, of Houston, Texas; Dr. S. R. Olliphant, President Louisiana Board of Health, and Dr. Quitman Konhke, of New Orleans, La.

The writer submitted a programme of subjects for discussion by the Convention, which, with slight alterations made in it at a subsequent meeting of the executive committee, was adopted, and is here given, together with the names of the persons to whom the several themes were assigned and, also, the names of those invited to become leaders of discussion.

It was also provided that any state participating in the Convention, or any person entitled to membership therein, may submit to the executive committee themes for discussion and suggest leaders therefor.

It was resolved that all chiefs of quarantine service in Atlantic coast cities be invited to participate in the convention.

PROGRAMME.

1. *Quarantine with Reference to International Rights and Interests.*

HON. HANNIS TAYLOR, ex-Minister to Spain.

LEADERS:—Hon. Page M. Baker, Editor of the Times-Democrat; Hon. L. E. Brooks, of Mobile; Harry Pillans, Esq., and P. J. Hamilton, Esq., of Mobile.

2. *Federal and State Powers as to Quarantine.*

HON. E. H. FARRAR, of New Orleans.

LEADERS:—Hon. R. H. Clarke, of Mobile, Ala.; Hon. W. A. Blount, of Pensacola, Fla.; Hon. Mr. Mayes, of Jackson, Miss.; Hon. Marshall Miller, of New Orleans, La.; Hon. H. Clay Tompkins, of Montgomery, Ala.; Hon. —— Fewell, of Meridian, Miss.; Judge Lidden, ex-Chief Justice of Fla., Pensacola; Drs. Stanford Chaille and Joseph Holt, of New Orleans, La.

3. *Quarantine and Commerce from a Legal Standpoint.*

HON. P. W. MELDRIM, of Savannah, Ga.

LEADERS:—Hon. Jefferson B. Browne, of Key West, Fla.; Hon. A. A. Wiley, of Montgomery, Ala.; Hon. C. S. Adams, of Jacksonville, Fla.; Harry Pillans, Esq., of Mobile, Ala.; Hon. J. M. Falkner, of Montgomery, Ala.; Hon. H. T. Sharpe, of Birmingham, Ala.

4. *Quarantine as it Affects Personal Rights.*

PROF. G. D. SHANDS, University of Miss.

LEADERS:—Hon. James Neville, of Biloxi, Miss.; Judge Avery, of Pensacola, Fla.; Hon. H. Austill and L. B. Sheldon, of Mobile, Ala.; Attorney-General W. B. Lamar, of Tallahassee, Fla.; Hon. John B. Knox, of Anniston, Ala.; Hon. B. B. Howard, of New Orleans, La.; Hon. A. L. McLeod, of Selma, Ala.; Hon. M. D. Wickersham, Mobile.

NOTE.—Col. F. C. Zacharie, of New Orleans, whose name does not appear on the Programme, was present throughout the meeting and contributed very ably and learnedly to the discussion of some of the most important of the themes.

5. *Sanitary Inspectors of Foreign Ports,—what Has Been and Can Be Done in this Direction.*

Dr. S. R. Olliphant, President of Louisiana Board of Health.

6. *Sanitary Conditions of Foreign Ports that Menace us most, and what Can Be Done to Improve them.*

Leaders:—For two preceding subjects: Hon. Hannis Taylor, Dr. B. F. Duke, of Scranton, Miss.; Drs. Goodman, Hodgson, Fonde, Goldthwaite, and Howard, of Mobile; Messrs. L. L. Duggar, Hendon, and G. B. Thomas, of Mobile, and Dr. H. A. Gant, of Water Valley, Miss.

7. *Policing the Sea along the South Atlantic and Gulf Coasts to Prevent the Introduction of Contagious and Infectious Diseases.*

Dr. J. Y. Porter, State Health Officer of Florida.

Leaders:—Hon. Jefferson B. Browne, of Key West, and Hon. John E. Grady, of Apalachicola, Fla.; Dr. E. R. Bragg, of Ocean Springs, Miss.; Dr. P. J. Acker, of Mobile, Ala.

8. *National Disinfecting Stations for Ships,—where Located, how Operated, under what Rules, with what Results, and whether Others Are Needed.*

(This subject offered to Marine Hospital Service.)

Leaders:—Dr. A. H. Doty, of New York, N. Y.; Dr. H. B. Horlbeck, of Charleston, S. C.; Dr. S. R. Olliphant, President Louisiana Board of Health; Dr. R. M. Swearingen, State Health Officer of Texas.

9. *State Maritime Disinfecting Stations,—how many, where Located, how Operated, under what Rules and with what Results.*

Leaders:—Dr. C. P. Wilkinson and Dr. Joseph Holt, of New Orleans; Dr. T. S. Scales, of Mobile, and other officers in charge of such stations.

10. *Medical Inspectors of Coast Towns and Cities,—how best to Provide for.*

Dr. H. H. Haralson, of Biloxi, Miss.

LEADERS:—Dr. R. P. Daniel, of Jacksonville, Fla.; Dr. L. F. Saloman, of New Orleans, Dr. F. G. Renshaw, of Pensacola, Fla.; Dr. J. C. LeHardy, of Savannah, Ga.; Dr. S. R. Dunn, of Greenville, Miss.; Dr. W. G. Kiger, of Brunswick, Miss.

11. *What Steps Should Be Taken in Dealing with first Case or Cases of Infectious or Contagious Diseases that May Reach our Towns or Cities.*

DR. QUITMAN KOHNKE, of New Orleans.

LEADERS:—Dr. Geo. A. Ketchum, of Mobile; Dr. H. A. West, of Galveston; Dr. S. A. Robinson, of New York; Dr. J. H. Purnell, of Vicksburg: Dr. Rhett Goode, City Health Officer of Mobile; Dr. S. D. Seelye, of Montgomery; Dr. W. S. Greene, of Aberdeen, Miss.

12. *National, State and Local Quarantines,—how best to Adjust their Relations.*

DR. W. H. SANDERS, State Health Officer of Alabama.

LEADERS:—Ex-Governor J. M. Stone, of Mississippi; Dr. R. W. Gibbes, of Columbia, S. C.; Dr. E. H. Sholl, of Birmingham; Mayor C. A. Collier, of Atlanta; Dr. B. J. Baldwin, of Montgomery, Ala.; Dr. T. Grange Simons, of Charleston; Dr. Eugene Foster, of Augusta, Ga.; Dr. D. F. Stuart, of Houston, Texas.

13. *The Policy of Depopulating Cities Infected with Yellow Fever,—if Undertaken, how best to Accomplish.*

DR. FELIX FORMENTO, of New Orleans.

LEADERS:—Dr. Glenn Andrews, of Montgomery, Ala.; Dr. Wirt Johnston, of Jackson, Miss.; Dr. S. R. Olliphant, of New Orleans; Dr. J. J. Castellanos, of New Orleans; Dr. Rhett Goode, City Health Officer of Mobile; Dr. G. W. Trimble, Greenville, Miss.; Dr. H. S. Gully, of Meridian, Miss.

14. *To what Places May Refugees from Localities Infected with Yellow Fever Go, and how Should they Be Managed and Cared for.*

(To be assigned.)

LEADERS:—Dr. J. D. Plunket, President State Board of Health of Tennessee; Dr. James M. Holloway, Louisville, Ky.; Dr. R. P. Huger, of Anniston, and Dr. J. G. Palmer, of Opelika, Ala.; Dr. E. C. Goodrich, of Augusta, Ga.

15. *Pratique and Health Certificates.*

DR. N. R. CLARKE, Meridian, Miss.

LEADERS:—Dr. C. M. Drake, Atlanta; Dr. Wirt Johnston, Jackson, Miss.; Dr. F. Formento, New Orleans: Dr. F. G. Renshaw, Pensacola; C. C. Harvey, Esq., of New Orleans; Dr. J. P. Furniss, of Selma, Ala.; Dr. R. W. Rowland, Flora, Miss.

16. *Quarantinable Diseases—what Are they and how Should they Be Dealt with?*

DR. WARREN E. ANDERSON, Pensacola, Fla.

LEADERS:—Dr. F. Grange Simons, Charleston, S. C.; Dr. L. Saloman, New Orleans; Dr. C. W. Trueheart, Galveston, Texas; Dr. G. H. Douglass, Morgan City, La.; Dr. J. H. Purnell, Vicksburg, Miss.; Dr. E. H. Sholl, Birmingham, Ala.; Dr. R. W. Gibbes, Columbia, S. C.

17. *Infection—how Conveyed, and Periods of Incubation of Infectious Diseases?*

Disinfection—General Principles of.

DR. L. F. REYNAUD, member of Louisiana State Board of Health.

LEADERS:—Dr. E. D. Bondurant, Mobile; Dr. John Guiteras, Philadelphia; Dr. P. E. Archinard, New Orleans; Dr. S. A. Robinson, New York; Dr. E. L. Maréchal, Mobile; Dr. R. S. Woodson, United States Army; Dr. P. H. Owen, Montgomery, Ala.; Dr. J. J. Archinard, New Orleans; Prof. A. L. Metz, New Orleans.

18. *Quarantine and the Mails—how Practically to Deal with the Latter when Proper Authority Has Decided that They Should Be Disinfected.*

Representatives of the Postal Department and others.

19. *Management of Railroad Trains during an Epidemic of Yellow Fever from a Medical Standpoint.*

DR. GLENN ANDREWS, OF MONTGOMERY.

LEADERS:—Surgeons Murray and Carter, of the Marine Hospital Service; Dr. Rhett Goode, of Mobile; Dr. N. R. Clarke, of Meridian; Dr. Keith Fonde, of Citronelle; Dr. P. J. Glass, of Mobile.

20. *Management of Railroad Trains during an Epidemic of Yellow Fever, from a Railroad Standpoint.*

HON. E. L. RUSSELL, Vice-President Mobile & Ohio R. R.

LEADERS:—President George C. Smith, Western Railroad, of Atlanta; Vice-President Cecil Gabbett, of the G. & A. R. R., Savannah, Ga.; Mr. John M. Bridges, Selma, Ala.; General Agent H. C. Leake, of the I. C. R. R.; General Passenger Agent W. C. Rinearson, of the C., N. O & T. P. Railway Co.; Supt. J. I. McKinney, of the L. & N. R. R.; Supt. Downs, of the Western R. R., of Atlanta; Supt. Charles Clarke, of the M. & O. R. R.

21. *Agents and Methods of Disinfecting Houses, Freights, Baggage, etc., and the Classification of Freights as to Their Liability of Conveying Infection.*

PROF. CHAS. A. MOHR, of Mobile.

LEADERS:—Prof. A. L. Metz, of New Or'eans; Drs. Carter and White, of the Marine Hospital Service; Dr. Glenn Andrews, of Montgomery.

22. *What Constitutes an Original Package, in Transit?*

CAPT. G. A. WILLIAMS, Ex-President Bureau of Freight and Transportation, of New Orleans.

LEADERS:—A. J. Russell, Esq., of Meridian; Mayor J. C. Bush, of Mobile; Mr. Geo. H. Dunlap, of Mobile; Mr. Robert Neville, of Mobile.

23. *What May Be done to Check the Spread of, and to Exterminate Yellow Fever after it Has Become Prevalent in a City.*

DR. GEO. A. KETCHUM, of Mobile.

LEADERS:—Dr. Edmond Souchon, of New Orleans; Dr. Wirt Johnston, of Jackson, Miss.; Dr. Felix Formento, of New Orleans; Dr. J. G. Thomas, of Mobile; Dr. C. H. Franklin, Union Springs, Ala.; Surgeon Murray, of the Marine Hospital Service.

24. *Boards of Health—of Whom Should They Be Composed, and how Should They Be Appointed? To Whom Should the Practical Administration of Quarantine Be Committed?*

DR. E. H. SHOLL, of Birmingham.

LEADERS:—Dr. J. T. Searcy, of Tuskaloosa; Dr. J. F. Hunter, of Jackson, Miss.; Dr. Quitman Kohnke, of New Orleans; Dr. Eugene Foster, of Augusta; Dr. J. B. Gaston, of Montgomery; Rev. H. C. Semple, S. J., of New Orleans.

25. *Practical Difficulties in Diagnosing Yellow Fever.*

DR. J. H. PURNELL, of Vicksburg, Miss.

LEADERS:—Dr. John Guiteras, of Philadelphia; Dr. G. M. Holloway, of Louisville, Ky.; Dr. L. Saloman, of New Orleans; Dr. J. Lewis Horsey, of Fernandina; Dr. H. A. Gant, of Mississippi; Dr. Goronway Owen and Dr S. R. Olliphant, of Mobile, Ala.; Dr. B. F. Calhoun, of Beaumont, Texas.

26. *Recent Discovery of a Method of early Diagnosis of Yellow Fever.*

DR. P. E. ARCHINARD, of New Orleans.

LEADERS:—Dr. John Guiteras, of Philadelphia; Dr. E. D. Bondurant, of Mobile; Dr. George S. Brown, of Birmingham; Dr. R. S. Woodson, of United States Army.

27. *Quarantine and the Country Town.*

DR. W. W. MANGUM, of Georgiana, Ala.

LEADERS:—Dr. E. J. Conyngton, Decatur, Ala.; Dr. H. G. Perry, of Greenville, Ala.; Dr. S. C. Henderson, of Brewton, Ala.; Dr. C. M. Murray, Ripley, Miss.; Dr. O. B. Quinn, McComb City, Miss.

28. *Camps of Refuge and of Detention.*

SURGEON R D. MURRAY, of the Marine Hospital Service.

29. *A National Bureau of Public Health.*

DR. U. O. B. WINGATE, of Milwaukee.

LEADERS:—Hon. Page M. Baker, Editor Times-Democrat, New Orleans; Dr. C. M. Drake, of Atlanta; Hon. Jeff. B. Browne, of Key West; Hon. John E. Grady, of Apalachicola; Hon. F. H. Richardson, of Atlanta; Mr. S. P. Schotter, of Savannah, Ga.; Dr. S. D. Seelye, Montgomery.

30. *National Quarantine.*

DR. C. M. DRAKE, of Atlanta.

LEADERS:—Dr. R. M. Swearingen, of Texas; Dr. H. B. Horlbeck, of Charleston; Hon. F. G. Bromberg, of Mobile; Hon. E. H. Farrar, of New Orleans; Dr. A. H. Doty, of New York; Hon. W. Glenn, of Atlanta; Hon. E. L. Russell, of Mobile; Dr. L. L. Hill, Montgomery, Ala.

31. *The Relations of the Press to Epidemics and Quarantine.*

HON. ERWIN CRAIGHEAD, Editor of Mobile Register.

LEADERS:—Representatives of New Orleans Times-Democrat, New Orleans Picayune, L'Abeille De La Nouvelle-Orleans, Montgomery Advertiser, Charleston News and Courier, Jacksonville Times-Union and other papers.

32. *Epidemics and Quarantine from a Religious Standpoint.*

REV. H. C. SEMPLE, S. J., New Orleans.

LEADERS:—Rev. D. A. Planck, D. D., of Mobile; Bishop Sessums, of New Orleans; Rabbi Leucht, of New Orleans; Rev. W. P. Hurt, of Mobile.

33. *Epidemics and Quarantine from the Ethical and Humane Points of View.*

REV. GEO. B. EAGER, D. D., of Montgomery.

LEADERS:—Rev. B. M. Palmer, D. D., of New Orleans; Rabbi Heller, of New Orleans; Rev. A. C. Hart, of Mobile.

34. *Experiences of a Quarantine Officer in the Recent Epidemic.*

DR. MAXIME LANDRY, of New Orleans.

35. *Unnecessary Regulations in the Name of Quarantine in the Recent Epidemic.*

DR. R. MCW. CUNNINGHAM, of Birmingham.

36. *Problem of the Cost Entailed by the recent Epidemic of Yellow Fever.*

37. *The Introduction of Yellow Fever into the Country in the Past—from what Places Introduced and how, and the Mortality of Yellow Fever as Compared with that of other Infectious and Contagious Diseases.*

DR. J. B. ELLIOTT, of New Orleans.

(Open for discussion.)

It is important that the author of each paper shall close his paper with a clear and concise statement of such propositions as the argument employed seems to justify, which propositions can be submitted to the Convention for adoption, modification or rejection.

All subjects on the programme will be open to the discussion of every member present.

Gentlemen contributing volunteer papers will please confine them to some one subject, and not encroach upon themes already assigned to others.

Authors who cannot be present to read their papers will please forward them to the Chairman of the Executive Committee.

Doctors are requested to write their papers in *untechnical language*, suitable for a popular audience. As it is probable that the proceedings will be published in book form, authors should bring their papers in such shape as to be ready for printing. Inasmuch as the matter to be considered are of the most vital importance members are urged to be present at the opening and to remain throughout the meeting.

The writer then offered the following resolution, which was unanimously adopted:

Resolved, That this meeting earnestly appeals to the Congress of the United States, to the legislatures, the people and the press of the several States to suspend judgment and action upon quarantine matters until the subject can receive that thought and investigation which its importance demands.

After authorizing the Chairman to appoint a local committee of arrangements, consisting of seven, and the Executive Committee to fix the date for the assembling of the Convention, the meeting adjourned.

The above programme was distributed in advance of the assembling of the Convention, which occurred on the 9th of February, continued through three days, and embraced an attendance of 170 delegates and invited guests.

An analysis of the programme will show that it was drawn up with the view of comprehending a fundamental, broad, and logical study of the subject of quarantine.

As will be seen, the first four themes deal with the legal aspects of the subject and were intended to develop and clearly set forth the international, constitutional, commercial and personal principles of law that should underlie any correct system of quarantine.

The next two themes refer to the sanitary inspection and conditions of foreign ports, especially those that menace us most, and were proposed in order to bring out information from parties who had enjoyed excellent facilities for obtaining it, upon which schemes for improvement might be formulated.

The next theme deals with the question of policing the sea along our coasts in order to prevent infected vessels from reaching our shores undiscovered, especially small craft sailing from Cuba and other near places, some of which might land at points other than ports of entry.

The next two themes refer to disinfecting stations for ships, national and state, and were intended to bring out full information in regard to their operation and whether others are needed or not.

After dealing with the foreign and maritime aspects of the question the programme next proposed to study the measures of protection on land, and beginning with the subject of the inspection of coast towns and cities, so as to detect early cases, and taking up in logical sequence the management of first cases, the depopulation of towns and cities, the provisions to be made for refugees, pratique and health certificates, the management of mails and trains during epidemics, the disinfection of houses, freights and baggage, the classification of freights as to their liability of conveying infection, the relations that should exist between national, state and local quarantines it led up to the great

questions of a national bureau of public health and national quarantine.

Unfortunately some of the prominent and influential members of the convention failed to appreciate the educational value and sequential arrangement of the programme, and insisted upon taking up at once the subject of national quarantine, entirely overlooking the fact that nearly every subject that preceded it was intended to throw more or less light upon it, and thus to better prepare members for dealing with it when reached in regular order.

With some trouble they were prevented from doing this, but they did succeed in making the following the order of discussion of the subjects on the programme: first, second, third, fourth, twelfth, twenty-ninth and thirtieth,—the two last being merged into one.

This arrangement did, at least, permit the authors of the legal papers the privilege of presenting their themes where they properly belonged.

These papers were erudite and masterful, and wielded a powerful influence over the convention, especially those presented by Mr. Farrar, of New Orleans, and Mr. Meldrim, of Savannah,—their themes bearing more directly upon the legal questions involved in the constitutionality or not of national quarantine.

On the first day of the meeting it appeared that the advocates of national quarantine were largely in the majority, but the good seed sown in the two papers mentioned soon began to spring up and bear fruit, and when the time arrived for the Convention to declare itself on this subject it spoke unanimously in favor of the true, constitutional doctrine, as will be seen from the resolutions below, adopted by the Convention.

The next subject presented was: National, State, and Local Quarantines—how best to Adjust their Relations.

This paper will appear later on.

The next themes presented were:

A National Bureau of Public Health and National Quarantine—considered together.

The former was ably presented by Dr. U. O. B. Wingate, of Milwaukee, and the latter by Dr. C. M. Drake, of Atlanta.

After the discussion of these papers had closed, the following resolutions, offered by Hon. R. H. Clarke, of Mobile, were finally adopted as the unanimous voice of the convention upon the questions to which they refer.

HON. R. H. CLARKE'S AMENDED SUBSTITUTE.

Resolved, That it is the sense of this convention:

1. That Congress be requested to provide for a Department of Public Health as soon as practicable.

2. That Congress should enact laws to provide for an efficient Maritime Quarantine, to be uniform and impartial in its application to the different commercial ports of this country so as to give no one, or more of them, undue advantage over the others, to be enforced by the several states and municipal quarantine or health boards, if they will undertake so to do, leaving also to the states the power to prescribe and enforce additional reasonable safeguards of the health of their communities, provided that such state action shall not unreasonably obstruct commerce.

3. That Congress should aid the several states in establishing and maintaining uniform, reasonable and efficient quarantine laws for affecting, but not regulating, interstate commerce, leaving to each state adequate power to protect, as it shall deem best, the lives and health of its people.

4. That Congress should leave exclusively to the states the regulation of their purely internal commerce, and the provision of such quarantine and sanitary laws and regulations as they may deem advisable to that end.

That, in the framing of quarantine laws and regulations and in their enforcement, Congress should avail itself of the learning, experience and ability of the medical profession in the fullest measure possible, and especially by way of an advisory council.

A full and free discussion ensued. * * *

The Chairman of the Committee on Resolutions then withdrew the majority report.

The minority report was then withdrawn by the gentleman who presented it, Mr. Kay, of Georgia.

The substitute was then submitted to the vote of the Convention, *and was unanimously adopted.*

Other themes than those especially commented upon in this paper appear on the programme, intended to round out the study of the subject of quarantine to that completeness its importance demanded.

After the subjects of a National Bureau of Public Health and National Quarantine had been disposed of by the adoption of Mr. Clarke's resolutions but little time was left for the presentation of the remaining themes.

Papers numbered as follows were read in full: Fifth, sixth, tenth, eleventh, thirteenth, sixteenth, twenty-first, twenty-third, twenty-sixth and thirty-third, and many others would have been read had the programme been pursued regularly. The regular order having been upset the authors of papers could not judge when they would likely be called on, hence some of them were not in the hall when called.

The papers numbered seventh and fifteenth were read by title.

It is greatly to be regretted that the programme was not strictly followed from beginning to end, for, had this been done, a mass of very valuable and varied information would have been brought together richly entitled to publication in book form. Such a book would have been useful to the next generation as a guide in dealing with similar conditions, although no opportunity might have occurred in the meantime for acquiring experience in controlling epidemics. Persons capable of judging pronounced the convention an uncommonly brainy one, and whilst all was not achieved that might have been, yet we feel justified in pronouncing the results far-reaching and salutary. It is believed that the resolution offered at the preliminary meeting (see p. 159), and much more those offered by Mr. Clarke at the regular meeting (see p. 162,) exerted a marked and restraining influence over-pending legislation in Congress looking to the enactment of a national quarantine law. Time has thus been gained for reflection, which will doubtless ultimately lead to wise and constitutional legislation. Other important resolutions were adopted by the convention, which are given below as a part of its history, and from which it is hoped very beneficial results will flow.

To Establish Uniformity of Quarantine Rules and Regulations in Certain States.

RESOLVED, That it is the sense of this Convention of the states bordering on the South Atlantic and Gulf coast, viz: Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana and Texas, that they should, as soon as practicable, meet in conference and prepare a Code of Rules and Regulations for the purpose of controlling and preventing the spread of yellow fever and other contagious or infectious diseases; said rules and regulations to be uniformly accepted and honored by the several health boards of the states mentioned; and further to adopt a system of pratique and health certificates to be used in times of epidemic, to be likewise honored by the several health boards of the states named.

A Resolution to Arrange for a Convention of Health and Quarantine Officials of the South Atlantic and Gulf Coast States to Establish Uniform Quarantine Rules, Regulations, Etc.

RESOLVED, That this Convention call the proposed meeting of the Health and Quarantine Officials of the South Atlantic and Gulf coast states to be held in Atlanta, Georgia, during the first week in April, 1898; and

RESOLVED, That the Chairman of this Convention appoint a Committee, to consist of one member from each state entitled to representation, whose duty it shall be to have charge of all necessary arrangements looking to hold the same.

A Resolution Looking Toward the Sanitary Inspection and Sanitation of Foreign Ports that Menace us Most, and to the Establishment of a System of International Quarantine.

RESOLVED, 1st. That the Congress of the United States be requested to authorize the President to take such steps, by treaty or otherwise, as may aid in inducing the respective Governments of the Inter-Tropical American ports to secure proper and adequate sanitation; together with the adoption by them of such restrictive measures as may be necessary to render such ports in good sanitary condition and to prevent the introduction of yellow fever.

2nd. To provide for the maintenance of a medical force of this country in each such port, to give warning of the existence of yellow fever therein, with adequate power for the most efficient possible prevention of the communication of the disease therefrom; and that Congress be memorialized to make such appropriation as may be necessary to maintain a proper Medical Inspection Service in Inter-Tropical American ports of sufficient importance to warrant such appointment.

3rd. That the Congress of the United States be memorialized to make a suitable appropriation and provide for the early calling of a

conference of Port Sanitary Authorities to deal with the subject of International Quarantine and Preventive Sanitary regulations.

Respectfully submitted by

JOHN B. HAMILTON,
S. R. OLLIPHANT,
H. R. CARTER,
R. P. DANIEL,
P. J. HAMILTON,
Committee.

A Resolution looking toward the Scientific Investigation of the Cause and Prevention of Yellow Fever.

RESOLVED, That the Convention respectfully recommend to the Congress of the United States that the following bill be passed:

BE IT ENACTED by the Senate and House of Representatives of the United States of America in Congress Assembled:

SECTION 1. A commission of experts shall be appointed by the President for the purpose of making investigations relating to the cause and prevention of yellow fever.

SEC. 2. This commission shall consist of four expert bacteriologists, one to be detailed from among the medical officers of the Army, one from among the medical officers of the Navy, one from among the medical officers of the Marine Hospital Service and one to be appointed from civil life.

SEC. 3. The President shall name one of the members of the commission as chairman, who shall direct the work of the commission and report to him from time to time the results attained. The headquarters of the commission shall be in Washington, D. C., and one or more of the members shall be detailed to conduct investigations in the city of Havana, Cuba, or in some other locality where yellow fever prevails.

SEC. 4. The medical officers of the Army, the Navy and the Marine Hospital Service detailed as members of this commission shall receive no compensation beyond their salaries. But during the time that they are necessarily absent from their proper stations in the performance of the duties imposed upon them by this Act, their necessary living and traveling expenses shall be paid from the appropriation made in this Act. The civilian member of the commission shall receive, in addition to his necessary living and traveling expenses, six dollars per day during the time he is actually employed in prosecuting the investigation contemplated by this Act.

SEC. 5. The sum of twenty thousand dollars is hereby appropriated out of any money in the Treasury of the United States, not otherwise appropriated, for carrying out the provisions of this Act, and for the purchase of necessary instruments and material, for rent of a

laboratory in Havana, Cuba, or elsewhere, and for other incidental expenses.

A Resolution Concerning Senate Bill No. 1063.

WHEREAS, We are informed that a Bill is now pending in the Senate of the United States, known as Senate Bill No. 1063, to regulate the practice of vivisection in the District of Columbia; and

WHEREAS, By its enactment we feel convinced that the progress of scientific knowledge, especially in the direction of the prevention of disease would be limited and restricted, if not altogether prevented;

THEREFORE BE IT RESOLVED, That it is the sense of this Convention that the passage of the said Senate Bill No. 1063 would be unwise, injurious and prejudicial to the interest of Sanitary Science, and that the officers of this Convention notify the Honorable the Senate of the United States accordingly.

A Resolution Directing Copies of Resolutions to be Forwarded to the Congress of the United States.

RESOLVED, That the Secretary of this Convention shall prepare and forward to the members of Congress of the South Atlantic and Gulf states copies of the resolutions this day adopted, duly certified, with the signatures of the officers of this convention, and shall request the aforesaid members of Congress to bring the subject matter to the attention of their respective Houses; and to prepare and introduce the requisite bills to effect the purpose of the resolutions, and to procure the passage thereof.

H. A. MOODY, M. D., Secretary.

C. P. WILKINSON, M. D., Chairman.

NATIONAL, STATE AND LOCAL QUARANTINES, HOW BEST TO ADJUST THEIR RELATIONS.

By W. H. Sanders, M. D., State Health Officer.

Read before the Quarantine Convention of the South Atlantic and Gulf States, at Mobile, and subsequently before the Medical Association of the State of Alabama.

Starting with the individual citizen, or house-holder, as the unit of political power in this government, and multiplying that unit, we get in ascending series the precinct or municipality, the county, the state, and the union of states, or the nation, as the civil divisions to which, in varying degree, support and allegiance belong. Inasmuch as the source of power resides in the citizen, he must either exercise that power in person or delegate it to some other person to exercise for him.

The most proximate delegation of power that can be made is to the precinct, or municipality, the next to the county, the next to the state, and the last and most remote to the nation.

Reason and history teach that as a general proposition the nearer the exercise of political power remains to the source from which it emanates, the safer for the rights, the interests and liberties of the people.

It goes without saying that the converse of this proposition is equally true.

The difference betwixt a democratic and a monarchical form of government may be briefly and figuratively expressed as follows:

A democratic government may be compared to a broad stairway that leads up from the people to the highest offices

in their gift, which stairway the humblest citizen of the land may ascend to the topmost round, and having faithfully discharged the official trust reposed in him he may voluntarily descend or be safely and honorably retired,—having won the thanks and gratitude of his constituents. Or, if he prove unfaithful, he can, by the power of the ballot or by the equally potent power of public opinion, be certainly and without violence driven down from his official position.

A monarchical form of government may be compared to a stage or throne resting upon lofty pillars, from which the scaffolding used in erection has been torn away, and upon which stage or throne the monarch sits, separated from his people below by an impassable abyss—impassable alike to monarch and people. Neither can they ascend nor he descend; violence alone can annihilate the distance betwixt them—either the monarch must leap down to his death or the people must arise in their wrath and might and by revolution destroy the pillars upon which is enthroned the power that oppresses.

In these two forms of government the source of power lies, as it were, at two opposite 'poles'—in the one it belongs to the monarch, in the other to the people. In either form the removal of political power from its source is dangerous to the perpetuity of the government in direct proportion to the distance of removal. That monarch is doomed whose powers are being continually transferred to the opposite 'pole,'—likewise the liberties of the people are surely departing, and perhaps permanently, if from time to time power that originally belonged to them is surrendered to central authority.

In all governments occasions arise when power more or less arbitrary in character must be exercised. War and pestilence furnish notable occasions of this kind. Indeed, these two disasters bear a close analogy,—the chief difference being that in war our enemies are visible and come in glorious pomp and circumstance, often heralding their coming with bugle and trumpet, while in pestilence they come in silence and stealth, and invisible except to the keen

eye of the microscope they may capture the citadel of our lives e're we are aware of their approach.

To meet these enemies, both of pestilence and war, arbitrary power, more or less, must be exercised, and unquestioning obedience rendered.

A combination of the two conditions stated, namely, a centralization of political power and its exercise in an arbitrary way constitutes one of the most dangerous menaces to the rights and liberties of the people of a democratic government that can occur. These elementary but fundamental principles are here stated in order to see in how far they should apply to the law and equity of quarantine.

If sound as applied to political power, and this no one will deny, it would seem a fair and just proposition that they should, as far as possible, be applied to quarantine power. In our concentric systems of government spheres exist that circumscribe the political power of the individual, of the municipality or precinct, of the county, the state, and the nation. Spheres should likewise exist circumscribing the quarantine powers of the individual, the municipality, the county, the state and the nation. To each should be accorded its inherent, legitimate, and inviolable quarantine functions, in the exercise of which it should be undisturbed.

No power on earth can equitably or constitutionally invade these respective spheres and destroy the rights that belong to them,—hence it becomes of the highest importance that the relations existing betwixt National, State, and Local Quarantines should be clearly defined and accurately adjusted.

There are but three sovereigns in this country: The house-holder in his own domicile, when in the exercise of his inalienable rights; the State in her domain, when in the exercise of her reserved rights, and the Nation, when in the exercise of the rights delegated to it.

Let us now undertake the task of endeavoring to harmonize the quarantine powers that belong to these three sovereigns, and to fix the nature and extent of the powers

that should be conceded to municipalities and counties. Were our habitations one mile apart, or even less, each man acting in his individual sovereignty over his own domain could issue and enforce his own quarantine proclamation, but inasmuch as we are far more neighborly than that such a favorable state of affairs for the suppression of epidemics does not exist. The business of the country must proceed, and in order to carry it on men must leave their own premises, in doing which they necessarily forfeit that sovereignty that adheres to domicile, and become subject, when in territory involved, to such quarantine laws as may be legally proclaimed by the municipality, county, state or nation, each acting in its own proper and constitutional sphere.

This brings us to the statement of the principle which, it seems to the writer, should underlie all quarantine legislation, to-wit.: make it conform, as far as possible, to the genius and plan of our concentric systems of government; that is, lodge such powers as can be practically and judiciously so done as near to the people as possible, and centralize such powers only in the state and nation as the common good demands.

In this partition of powers the divisions of government in which sovereignty resides should be kept steadily in view. If quarantine legislation proceed upon the principles just stated the entire subject will be clarified, and in place of conflicts and weakness we will have harmony and strength.

We are now prepared to inquire very specifically into the relations that should exist betwixt national, state and local quarantines, and relying upon the principles already stated, and others to be stated, clear and unequivocal answers can be given.

Proceeding from the less to the greater we will first deal with the relations that should exist betwixt local and state quarantines, and then with those that should exist betwixt state and national quarantines. To incorporated towns and cities and to counties belongs, without question, the

right of quarantine; neither would it be wise or just for either the state or the nation to attempt to deny them this right. This being conceded, it is pertinent to inquire what limitations, if any, should be placed upon their exercise of the right. If no limitations be imposed, it is obvious that, under the influence of wild and unreasoning panic, and under the dominion of ignorance that refuses to be enlightened, innumerable and immeasurable hardships—many of them wholly useless—might at times be inflicted upon persons both within and without the quarantine lines. Wisdom, therefore, dictates that limitations should be imposed.

By whom? Evidently and unanswerably by the state. It is from the state that towns, cities, and counties derive their corporate existence; it is primarily to the state that they look for protection against riot and disorder.

This being so, then what authority other than the state, could logically or justly supervise their exercise of the quarantine power?

The state is sovereign—so far as her reserved rights are concerned—the towns, cities and counties are her creatures, therefore, it is manifestly illogical for any of them to exercise quarantine power superior to, or in defiance of, her authority.

Very considerable liberty should be given to local quarantine authorities in the promulgation and enforcement of rules and regulations, but in the last analysis the state should have the right to modify those rules when they become either dangerously lax, or oppressively severe.

By the judicious exercise of her superior right she might, on occasions, prevent useless or harsh embargo on trade and travel within her borders.

Her broader interests, identifying her equally with the welfare of the quarantined and quarantining, would place her in a position favorable for the exercise of unbiassed judgment, and for dispensing even-handed justice.

If the argument thus far employed be accepted the relations that should exist betwixt local and state quarantines are from a theoretical stand-point clearly defined.

Further on we will discuss them from a practical standpoint.

We now advance to the study of the relations that should exist betwixt state and national quarantines, and shall confine the discussion wholly to inland quarantine, maritime quarantine constituting a separate and distinct theme that at this time can be very well excluded.

In studying this phase of the subject it is of the utmost importance that the genius and plan of our government be kept clearly in view.

If the political relations that exist betwixt the states and the nation be taken as guides in formulating quarantine relations for them no mistake can be made, and no violence will be done to constitutional principles.

The states have rights as to quarantine that should never be invaded, much less destroyed; the nation has powers as to quarantine that on all proper occasions should be wielded for the common welfare.

To draw the line of demarcation between the two seems not difficult. To the states belongs, or should belong, the control of quarantine within their respective borders; to the nation belongs the control of inter-state quarantine. On the same principle that the nation regulates inter-state commerce should she regulate inter-state quarantine. A moments reflection will show that in the necessity of things this must be so.

Should two adjoining states seriously differ upon a vital and important question of inter-state quarantine it might prove impossible for them to settle the dispute, except in one of two ways, namely, an appeal to arms, or to the general government. As to which is the better of these two ways no one will for a moment doubt.

Having located the power of controlling inter-state quarantine in the general government we will raise another, and closely related, question by asking whether under any circumstances the nation could constitutionally exercise quarantine power within a state?

An affirmative answer is unhesitatingly given, and the

circumstances under which this could be done are stated to be: Whenever a state solicits the aid and co-operation of the nation.

When a state fails to suppress riot and disorder within her borders she has the right of calling upon the nation for help, and it becomes not only the privilege, but the duty, of the latter to respond. By parallel reasoning whenever the prevention or suppression of an epidemic becomes too formidable an undertaking for state and local authorities the right of calling upon the nation for help should be fully recognized and acted upon. These principles, thus briefly stated, seem to settle, from a theoretical point of view, the quarantine relations that should exist betwixt the states and the nation, but later on the discussion of the practical application of the principles announced will, it is believed, give them additional emphasis and support.

In order for the general government to be in a position to promptly and efficiently render assistance in times of threatened or prevalent pestilence the possession of a public health system becomes an imperative necessity.

This government is one hundred and twenty-two years old, and yet utterly destitute of a public health system.

This is astounding, considering the wealth, intelligence, and general progress achieved, but it is, nevertheless, true!

The longer the creation of such a system is postponed the more conspicuously will the government exhibit its disregard for the health of its subjects, and the wider will the contrast in this respect, grow betwixt it and other enlightened governments. Some of the states possess public health systems of very considerable excellence and efficiency, but, a broad, national system, uniting them all into one symmetrical, coherent, and powerful whole does not exist.

Inasmuch as the creation of such a system is indispensible to the prompt and proper administration of the quarantine function it becomes necessary to dwell at this point long enough to briefly sketch the outlines of what its organic elements should be.

Sound policy, no less than constitutional provisions

demands that its foundations be deeply laid among the people so as to secure not only their loyal support, but economy and efficiency of administration.

How are these ends to be attained? We answer: By making the counties the territorial units of the system and by building upon these units a superstructure of state organizations that shall be harmonious and coherent, and that shall culminate in a National Bureau of Public Health as a crowning and commanding dome. A system of the kind indicated would involve three distinct but dependent subdivisions, namely, one applying to counties, one to states and one to the nation.

In proposing plans of organization for these three parts of a whole those existing in this state (Alabama) and applying to the first two, that is to counties and states, will be followed as models, under the conviction that they are the most perfect ever yet devised.* Time does not permit of a minute explanation of the Alabama system, therefore we shall mention some only of its salient points and such of its details as the proper treatment of the subject in hand may demand.

One of the first and most fundamental principles it embodies is that boards of health and health officers should consist of medical men exclusively. Whilst the correctness of this position would seem to be self-evident, yet I am persuaded that some argument is needed to sustain it. If the administration of criminal, commercial and admiralty laws requires expert knowledge, then why not health laws, also? Who would advocate that a supreme court should be composed partly of lawyers and partly of busi-

*Note.—The systems described as being suitable for counties and states were, more than twenty-five years ago, the conception of Dr. Jerome Cochran, deceased. They did not grow up under a slow process of evolution, but sprang full grown and complete in every detail from the wonderful brain of that man who, with uncommon organizing capacity, succeeded in putting them into successful operation in Alabama and enjoyed the great satisfaction of seeing their entire practicability demonstrated for twenty-three years before his death.

ness men? Who would organize a board of engineers and doctors to inquire into the feasibility or not of a series of great engineering enterprises, or after such a series had been decided upon, would insist upon placing a board of the kind mentioned in control of its execution? Who would deem a merchant or a banker as suitable for the office of chancellor? And yet persons who would regard the answers to these questions as self-evident will gravely and vigorously maintain that boards of health should consist partly of doctors and partly of business men.

That health officers should be medical men will certainly not be questioned.

Another and very valuable principle engrafted upon the Alabama system is that boards or committees of health, and health officers, should be selected by medical men, and that the terms of office of the incumbents of these positions should be comparatively long. Let us stop a moment to point out the wisdom of this provision: It undoubtedly secures the most competent persons available for the responsible positions in question. Suppose it were decided to create a county board of five persons with authority to investigate all litigation, or proposed litigation, in the county, with the view of dismissing such as might be frivolous or vicious, and of seeing that such as possessed merit should be accorded a fair and impartial hearing, who would be the most competent members for such a board, and what would be the best way to guarantee that they would be wisely selected? Undoubtedly the board should be composed of persons learned in the law, and not only so, but of persons with such mental make-up as would qualify them for conscientiously discharging their duty under any and all circumstances.

That is to say, such a board should be composed of able and fair-minded lawyers, and the best way to ensure this would be to have them chosen by their brother lawyers. In a word, a lawyer is the best judge of a lawyer. Were it desirable to have a state board charged with corresponding duties the lawyers of the state should name the members

thereof. The same principle holds in all other professions and vocations. To ascertain who are the best preachers, editors, merchants, railroad men, farmers, etc., get their respective colleagues to name them. Likewise, if a board of health composed of doctors, or a health officer, is to be selected, get the doctors to make the selection. If the best men be placed in these positions, which will certainly be the case if the plan of election suggested be adopted, their official terms should not be less than five years; for, the longer a good man remains in office the better acquainted will he become with his duties, and, therefore, the more efficient will he be.

One inestimable advantage grows out of the adoption of the method of selecting boards of health and health officers just contended for. It effectually and forever divorces politics from public health matters, an achievement which every one will readily admit is greatly to be desired. Indeed, to mix the two will certainly prove fatal to the efficient administration of any public health system, and the only possible way of avoiding this is by the adoption of the system that has prevailed in Alabama for the last quarter of a century, some of the details of which we are now prepared to give.

In each county in Alabama there exists a medical society chartered by the state medical association, and to which any reputable and licensed practitioner residing in the county is eligible for membership. These county societies are by law the boards of health of their respective counties and are endowed with important legal and public health functions. The plan of organization of county societies throughout the state is absolutely uniform; indeed, their constitutions are, with unimportant exceptions, identical, and deriving their legal functions from the state, as they do, there is perfect homogeniety among them. The fact of their being chartered by, and responsible to, the state medical association unites them all into one symmetrical, harmonious, and coherent whole. In order to facilitate promptness of action, each county society elects a commit-

tee of public health, composed of five members, and also a county health officer,—the term of office of the members of the committee being for five years and that of the health officer being variously fixed by the different societies.

The health officer provided by any city in the county is likewise under the control and direction of the committee of public health. The officials just mentioned are the active agents in the administration of public health matters for the county.

When the establishment of quarantine becomes necessary the committee of public health recommends it to the county authorities, and to city authorities as well, when there are cities in the county, whereupon proclamation is issued. When issued, the enforcement of its terms devolves upon the committee of public health, which they do through the county or city health officer, one or both, as their executive agent or agents.

So much for the organization existing in the counties for advising and enforcing quarantine, as well as for performing all other public health duties.

The organization that applies to the state will now be briefly explained. It consists primarily of a state medical association, composed of a limited number of permanent members and of representation from each county society. This body constitutes the state board of health, but being too large to act quickly, especially in matters of quarantine, it elects a committee of public health composed of ten members, whose terms of office are for five years. This committee elects a state health officer, whose term of office is, likewise, for five years, and who is the executive officer of the committee and of the association.

After the statement of the above principles and details, copied from the Alabama system, we are prepared to briefly formulate a plan of organization for a public health system that might be made to apply to every part of the country. Beginning with the counties as the units of the

system we submit, in somewhat categorical style, the following as the essential features of the plan proposed:

For Counties.

1. A medical society, to which all resident and reputable doctors are eligible for membership, should be organized in each county.

2. The state legislature should confer upon such society the right to elect a committee or board of health for the county, consisting of from three to five of its members. The right must also be conferred upon the same body to elect a health officer for the county at large, and likewise a health officer for each and every incorporated town or city in the county that desires such an officer, and is willing to pay a salary therefor.

3. The legislature should impose upon each county the obligation to pay the salary of its health officer, and should fix a minimum below which the amount of salary should not fall.* In all wealthy and populous counties the salary should be adequate to command the entire time of a competent officer, except that where it can be so arranged he might be required to render medical service for the inmates of the county jail and poor house.

4. The legislature should accurately define the rights, and prescribe in a general way the duties, of the committee or board of health for the county, and also do the same for the health officer.

5. Finally, the legislature should declare that all county health authorities are subordinate and tributary to state authorities, and should make it obligatory on the county health officers throughout the state to assemble at least once annually for the study and discussion of public health questions.

*NOTE.—In Alabama the only salaries paid have been to health officers,—the committees or boards of health having served without any remuneration whatever. Whilst this generosity on the part of the latter is deserving of the highest commendation, yet where the authorities are willing to grant it a per diem might be fixed for such time as they are actually engaged in public health work.

For States.

1. A state medical association, in which all county societies are entitled to representation, should be organized.

2. The legislature should confer upon such association the right to elect a committee or board of health for the state, consisting of, say ten doctors, one of whom should be the health or executive officer. Upon this committee, or board, the right should be conferred of making rules and regulations for promoting the public health, including the control of quarantine.

3. In this committee, or board, and its executive officer, should be lodged the exercise of all public health and quarantine functions for the state at large, and it should be expressly declared that under certain conditions, to be stated later on, the state board or committee should co-operate with any county board in suppressing disease, and that under other conditions, to be likewise stated further on, it should have the right to supersede a county board.

For the Nation.

1. A bureau of public health should be created by Congress, in which all properly organized state medical associations should be entitled to representation.

2. At the head of such a bureau a chief should be placed, elected by the delegates from the states, and whose term of office should not be less than four years.

An assistant and two or more sub-assistants, also named by the delegates from the states, should be provided. The chief should also be authorized to employ such experts as circumstances might, from time to time, demand.

3. Such bureau should be authorized to hold at least one regular meeting annually, and such called meetings as exigencies may require, and to frame, within the scope of its authority, all rules and regulations deemed necessary to protect and promote the public health.

To this bureau should be expressly given the power to regulate interstate quarantine, and upon solicitation to aid

any state and county authorities in preventing or controlling epidemics.

It will be conceded, I trust, that a public health system constructed substantially upon the plan briefly described would conform to the genius of our government—would be in touch with, and responsible to, the people of the states,—those fountains of power from which flow the streams that nourish and vitalize every legislative, judicial and executive function from the precinct to the nation. Whilst the field of operation for such a system would cover every sanitary question, yet its perfect adaptability to the prompt and efficient exercise of the quarantine power would be the phase of its work that concerns us most in this connection. The machinery for instituting quarantine would exist every where in the country, ready to be set in motion, and the uniformity with which it could be operated would develop such a spirit of mutual confidence as would do more than all else to prevent useless panics and unjust measures on the one hand, and to secure prompt protection on the other. To become a factor in carrying out such a system would be an honor and a stimulus that would exert a very wholesome influence in making it a magnificent success.

Let us hope that before the dawn of the new century the seed of such a system will be planted in every county in the United States, and springing up with arboreal vigor will bear the fruit of well-organized and coherent state systems, and also the coveted fruit of a national bureau of public health as the crowning and final development.

The health officers chosen to watch over the territorial units of the system should be health officers in fact and reality, and not merely in name. They should be required to study with minute care the topography of their several counties, so as to become perfectly familiar with every avenue of trade and travel that enters or passes through them, noting especially the points, both on country and railroads, around the borders, at which there would be the greatest danger of the entrance of infection. In fact, they should study the topography of their counties with the same

care that military commanders would do who expected to be called upon to defend them from hostile foes. Indeed, were the health officers to construct with their own hands maps of their counties, however crude, graphically presenting all data that would be useful, the clearer would their ideas become of the territory they were expected to guard, and of the points of vantage at which this might best be done. They should be required to thoroughly study, both theoretically and practically, not only the diseases incident to their counties, but all quarantinable diseases as well,—such as small-pox, yellow fever, diphtheria, cholera, scarlet fever, etc. Should no opportunity present in their respective counties for them to become practically familiar with these latter diseases, it should be made their duty to avail themselves of any opportunity of seeing them that might occur in contiguous counties or states. In a word, their diagnostic skill should be so cultivated as to guard, as far as possible, against error or delay in recognizing quarantinable diseases.

Lastly, they should be required to acquaint themselves with the quarantine laws of their own and of adjoining states, and also those of the United States. In order to show that they are doing all these things properly and well, they should, from time to time, be examined by some board or person competent to judge, and acting under the authority of their respective states. With this kind of work going on in every county of every state in the nation what an army of competent observers and intelligent workers would soon be created,—an army that could be depended upon, not only to wage successful war on epidemic diseases of every kind, but to cover the whole range of sanitary work, and, therefore, to do much to promote the health and happiness of the people of the nation! With reports covering a great variety of subjects going up from this vast army of observers to state and national headquarters, what a rich array of material would be collected from which the statistologist and demographist could deduce laws underlying and explaining conditions, and upon which the physi-

cian and philanthropist could intelligently base schemes for the improvement of the human race!

What has been said as to the duties of county health officers should apply with equal force and on a broader scale to those of state health officers. The latter should do, with reference to the entire state, what the former should do with reference to their respective counties. With the view of especially qualifying themselves for the administration of quarantine they should know as they do the fingers of their hands the lines of communication that unite their several states with adjoining ones, so as to be ready to meet and repel infection, come from whatever direction it might.

The points, with all of their environments, at which these lines cross the borders of their States, should be perfectly familiar to them, for it is at these points they may be called upon at any time to turn back a threatening invasion of disease.

The chief of the national bureau of public health, with his assistants, naturally would do with reference to the entire country what has been prescribed as the duties of county and state health officers with reference to their respective territories. He should understand the location, character of trade and communications, both foreign and domestic, of every port around the entire coast, and should, at the same time, keep in close touch with the health and quarantine officials of every state in the Union. Many other fields of usefulness, not necessary now to mention, would lie open to him.

We have dwelt thus long on the proper organization of a public health system for the reason that, as was stated at the outset, some such system is absolutely essential to the correct administration of quarantine. With such a system quarantine can be conducted with reason, uniformity, and justice, that is, upon *scientific* principles, and thus can be made to furnish the maximum of protection with the minimum of interruption to the social and commercial interests of the country. Without such a system quarantine is liable, un-

der the influence of panic, to be proclaimed without reason and made the instrument for inflicting great social oppression and commercial wrong.

This is perhaps the most appropriate place to assert and emphasize the claim that the system of public health contended for would be one system, a whole subdivided into parts, and not a number of independent, often incongruous and antagonistic systems. If this claim be well-founded, one word will forcibly express the great principle that would cement and dominate it, and that word is *co-operation.*

What are the forces to be relied upon for the prevention or suppression of epdemics? Unquestionably, money and skill. How are these to be obtained in greatest abundance? Clearly, by combining all of the powers entitled to exercise quarantine authority into one united and effective force. No one of these powers holds a monopoly upon either money or skill, but by co-operation they can without doubt command the most of the former and the best of the latter. By the use of these two mighty weapons the utmost limits of achievement would be reached.

The way in which co-operation might be practically carried out will be explained presently.

Another, and a very great, advantage would grow out of the adoption of the co-operative policy suggested: All dispute as to whether national, state or local authority should control in matters of quarantine would immediately and forever cease, and in place thereof we would have harmony of action and richness of results. In times of epidemic, or threatened epidemic, the people would feel that whatever quarantine measures had been instituted were the result of the combined wisdom of all the authorities, therefore, they would submit 'to the powers that be' very much as they would to the orders of a military commander conducting a campaign to repel an armed foe.

We are now prepared to apply the highest known test to the theories advanced as to quarantine, and to the system of public health proposed, by asking how they would work in practice?

Before endeavoring to answer this question we wish to announce the principle that whenever an infectious or contagious disease, dangerous in characrer, appears in a given locality not only should that locality be concerned in preventing its spread, but the state in which it is, and the nation, as well.

The concentric systems of government under which we live are, by reason of the organic law of their construction, partners, and as the partnership cannot be dissolved, no one of them can shift the responsibility of meeting and controlling epidemics wholly upon the others, therefore they must work together.

If nothing be done when a formidable and fatal disease appears in the country it is but a question of time when counties, states, and nation may become involved in a widespread epidemic, therefore, self-preservation is the supreme law that should prompt all to make common cause against the enemy.

By so doing not only would the effectiveness of the measures employed be increased many fold, but the financial burdens falling upon each one of the allies would be inversely diminished.

Now let us proceed with the practical application by supposing that an outbreak of a quarantinable disease, has appeared in the city or county of Mobile.

According to the system proposed a committee or board of health, together with a city and a county health officer, would be on the ground to recognize the disease and to adopt prompt measures to prevent its spread. It would become the duty of the local health authorities to promptly report the presence of the disease to the health officer of the state, who in turn should transmit the report to the chief of the national bureau of public health.

The former should immediately proceed to Mobile, and the latter should promptly send a representative of his bureau there.

Thus a tribunal of three officers—all entitled, more or

less, to be deemed experts, would be on the ground to study the situation and to agree upon measures of protection.

Whatever force might be needed to carry out these measures could be selected by the city or county health officer of Mobile, one or both, whose personal knowledge of those applying for positions would be the best guarantee that the most capable and trustworthy would be chosen.

What better fighting force than this, from officers down to privates, could possibly be put into the field to nip in the bud what might otherwise grow into a widespread epidemic? The local authorities would be there with their thorough knowledge of the situation and surroundings; the health officer of the state would be there, dominated by a double interest, namely, to exterminate the disease at its initial point, and to protect the remainder of his state from infection; a representative of the national bureau would be there to aid with his counsels, and anxious to prevent the spread of the disease; and, lastly, quarantine guards would be there selected by persons who know or know of them, and therefore wisely selected. If the outbreak were one of scarlet fever, small-pox, or diphtheria the measures instituted, authentic announcement of which could be made, would no doubt satisfy other communities, and thus prevent them from unnecessarily establishing quarantine.

If, on the other hand, the outbreak should be one of yellow fever or cholera, the health officer of the state and the representative of the nation by being on the ground would be in the best possible position to keep other sections of the country authentically advised, both as to the facts and the local measures employed to prevent the spread of the disease,—thus enabling them to intelligently judge as to the necessity or not of declaring quarantine.

Situations can be supposed in which, although the outbreak were one of either yellow fever or cholera, the local measures employed to prevent the spread of the disease might be so promptly instituted and so efficiently carried out as to justify the state health officer and the representative of the national bureau of public health in assuring

other sections of the country that there was absolutely no need of quarantining.

Should a uniform system of public health—such as is insisted upon in this paper—become an accomplished fact, a much deeper feeling of mutual confidence than exists at present would grow up betwixt both neighboring and distant health authorities.

Each board would thoroughly understand the system that prevails elsewhere, and, conscious of its own efficiency, would be inclined to repose corresponding confidence in the efficiency of every other board.

Under these circumstances all official announcements as to health conditions emanating from any one board would be accepted by every other board with the same credence that is accorded to the records of any one court by every other court.

Let us consider for a moment what the remedy would be in the event of failure on the part of local or county authorities either to properly diagnose, or to take steps to suppress, an infectious disease of dangerous character.

Under such circumstances the state in her sovereignty should take hold of the situation, and, aided by the general government, do whatever is necessary for the suppression of the disease, taxing the county with a fair proportion of the expense.

Another hypothetical case is stated as a practical test of the facility which the public health system proposed would afford for conducting quarantine.

An announcement of yellow fever at New Orleans flashes over the wires, rendering it necessary for the states contiguous to Louisiana to declare quarantine against the infected city: Within an hour, more or less, depending upon circumstances, the health officer of any of these states can place a cordon of guards around the entire borders of his state, ready to check the first tide of refugees that may seek to enter, laden, as some of them may be, with infection. How? He must make all of his preparations in ad-

vance, and, being thus prepared, 'a touch of the button' will do the work.

He must know, as he does the streets of his own city, the highways of trade and travel that enter his state, and especially at the points of entrance. At the nearest eligible stations to these points he must obtain the names and addresses of persons suitable to act as quarantine guards, whose services can be had on telegraphic notice. Printed instructions, covering, as fully as possible, their duties as quarantine officers, should be put into their hands, in advance and they should be required to read and understand them.

When the exigency arises they can be placed on duty as soon as an order can reach them over the wires and every train then moving from the infected city and all subsequent ones can, on arrival at the borders of the state, be subjected to the terms of the proclamation of quarantine. If the danger were in close proximity to the borders of the state it might become necessary to guard some of the country roads, which could be done on the same general principles as those indicated for railroads.

By what other system than that of state control could a proclamation of state quarantine be so expeditiously and efficiently executed?

In pursuance of the theory of quarantine contended for it would be legitimate for the nation through a bureau of public health to practically co-operate with state authorities in maintaining such a quarantine as that just described, inasmuch as one of the most rational fields for the exercise of national quarantine authority is the prevention of the spread of infection from one state to another. Equity, therefore, would demand that the nation should meet a portion of the expense incurred.

Continuing the supposition of an outbreak of yellow fever in New Orleans we will assume that a camp of refuge has been established outside of the city, through which all persons desiring to leave must pass, in order to avoid the danger of conveying infection elsewhere. We will suppose

that the period of detention in the camp has been fixed at ten days, upon serving which time, and after thorough disinfection of clothing and baggage, pratique certificates are given with the expectation that the holders thereof will be allowed to go into any community or state. The holder of such a certificate applies at the quarantine station on the Mississippi line, and is refused entrance, on the ground that Mississippi has fixed the period of detention at thirty, instead of ten days.

Here is a typical instance for the exercise of national authority, which the nation should promptly exercise by notifying the state of Mississippi that her demand is unreasonable, and that she must permit the holder of the certificate in question to enter or pass through her territory.

In other words, the nation acting through a bureau of public health, which would essentially be a sanitary congress of the states, should be constituted the arbiter and judge of the reasonableness of all inter-state quarantine restrictions that might be imposed, and whenever any of these restrictions are manifestly unjust and unscientific, and in violation of principles or rules laid down by the sanitary congress, they should be nullified, if the entire army of the United States be required to enforce the order.

There could be no hardship or injustice in conferring this Supreme Court power on the nation, since Mississippi, equally with all the other states, would have a fair voice in the enactment of all inter-state quarantine rules, including the fixation of the periods of incubation of all quarantinable diseases.

Again, we will suppose that quarantine has been declared by one state against another state, or some portion thereof, under the strong apprehension or belief that infectious disease exists in the quarantined territory. The right to maintain such a quarantine should depend upon the discovery, within a reasonable time, of a case or cases of the alleged infections or contagious disease, for which the quarantine was proclaimed, failing in which, the nation should protect the quarantined territory from injustice and oppression by

declaring the proclamation of the quarantining state null and void.

By whom the investigation should be made involves matters of detail into which it is not necessary now to enter.

The management of other hypothetical instances might be discussed, but time does not permit.

Before entirely leaving this practical part of the subject, however, the control of railroad trains and mails during the existence of quarantines is worthy of special consideration.

For many reasons this control within a state should belong to state and not local authorities. Railroads pass through a number of counties in succession and if they must treat with each one as to privileges and restrictions naturally orders more or less conflicting in character will be isued, subjecting the roads to much inconvenience and hardship, and without any compensating advantage to the people.

Obviously, the simple and correct solution of this difficulty is for the state to assume control of the movement of trains within her own territory, and for the nation, in the last analysis, to control their movements across state lines.

The same rule should apply to mails.

Under this arrangement the management of these two important branches of the public service would be immensely simplified,—all orders for the movement of trains and mails within a state proceeding from one source, and all orders for their movement across state lines proceeding likewise from one source.

Whilst denying to local quarantine authorities the right of controlling the general movement of trains and mails, yet I would concede to them the right of declining to receive freights, mails, or passengers from an infected place, if they so desired. That is, the trains should have the right of passing their places, without stopping, in order to reach other places where the restrictions were not so rigid. One other practical question demands a few words: We have indicated that the expense of preventing or extermina-

ting epidemics should be shared between counties, states, and nation, but have not proposed any basis upon which this division might be made. Whilst widely differing conditions or circumstances might call for and justify a special basis, yet the one which would equitably cover a very large number of the instances would be to divide the expense into three equal parts, assigning one part to the county, one to the state, and one to the nation.

Such basis of division would tax the counties, in respect to their financial ability, out of proportion to the other partners, but would exert a very wholesome effect by stimulating their vigilance in discovering, and their promptness in dealing with, disease likely to entail public expense. The result would be that promptness, vigor, and co-operation among all the authorities interested would diminish the total expense, thus lightening the burden that would fall upon the county far below what it might otherwise be.

The treatment of our theme would be incomplete did it not include some discussion of the subject of "National Quarantine," whatever that term signifies. I am persuaded that the term is often very indefinitely used.

If gentlemen who advocate national control of quarantine mean that all state lines are to be abolished, that the entire country is to be converted into one immense district, with a chief quarantine officer located at Washington, over whose appointment to, or tenure in, office the people of the states have absolutely no control, who, in times of emergency, must make a great many appointments of quarantine officers and guards, and, therefore, unavoidably many bad ones, which appointments, whether so intended or not, would be based upon party loyalty and not upon merit or fitness, I say, if gentlemen mean these when they advocate national quarantine then I plead in the most fervent tones I can, God forbid!

In the discussion of a previous theme on the programme Gentlemen insisted that we are confronted by conditions and not theories. Let the policy just outlined prevail and the prediction is ventured that we in the South will soon be

confronted by conditions to our sorrow—conditions that will inevitably lead to violence and disorder.

I scarcely need put my allusion into words; the future, and the near future, will put it into facts, and dark ones too, when our houses are inspected and our trains guarded by an ignorant and insolent class of colored quarantine officials, deriving their authority from a source over which we have no control, and against which our protests, however publicly and unanimously hurled, will fall palsied and powerless.

One argument employed by gentlemen advocating national control of quarantine appeals to mercenary motives, namely, that under that system all expense growing out of the enforcement of quarantine will be defrayed by the nation.

Is it coolly proposed to surrender some of the fundamental principles and rights for which our revolutionary fore-fathers fought and suffered and died, because, forsooth, it costs money to maintain them?

Methinks the ashes of those dead heroes would burn with shame at such barter of blood-bought principles for filthy lucre.

But, the argument—unworthy if true—is wholly fallacious, for, let the cost come from whatever source must at last be paid by the people.

Referring to a simile used in the early part of this paper we feel justified in saying that if what is generally understood as national quarantine should become the law of the land there will be builded, not a domestic stairway leading up from the people to quarantine officials of low and high degree, but a monarchical throne, set upon pillars, from which quarantine power may be wielded that will trample upon our personal rights, cripple our commerce, and fail to protect our lives.

It is not, however, upon sentimental grounds that the wisdom or not of centralizing all quarantine power in the nation must be adjudged. The verdict must depend upon the answers to two questions:

1. Would it be constitutional?
2. Would it be judicious and practicable?

The luminous and powerful argument delivered yesterday before this Convention, by Hon. E. H. Farrar, of New Orleans, on "Federal and State Powers as to Quarantine," furnishes a conclusive and overwhelmingly negative answer to the first interrogatory. The clear-cut and able argument of Hon. P. W. Meldrim, of Savannah, Ga., on "Quarantine and Commerce from a Legal Standpoint," coincided with that of Mr. Farrar, in so far as his theme permitted him to pursue the subject of the division of quarantine powers betwixt the states and the nation. Any one who, after reading these arguments, is not convinced may be set down as being hopelessly and blindly committed to the idea of national quarantine.

Of the second interrogatory time permits only very brief discussion.

Waiving all constitutional questions it seems easy to show that it would be neither wise for the states to surrender all quarantine authority to the nation, nor practicable for the latter to exercise it, if conceded by the former.

How is a central quarantine authority, located in Washington, to know officially of an outbreak of small-pox in Kentucky, Maine, or Oregon, or of the appearance of yellow fever in Florida, Alabama or Texas, unless it has competent observers in all of these places? If observers are indispensible in all of these places then are they not equally so in every other county or neighborhood in the United States, in order that prompt notice should be given to the central authority of the existence of a quarantinable disease anywhere in the United States?

Physicians must either be sent into every neighborhood of the entire country as observers and reporters, or the resident ones must be utilized for that purpose. If the former is adopted as the plan then the item of expense to the government would be simply appalling, beside which the cost of the army and navy would dwindle into a trifle. If the latter is adopted then what has been gained, but to

break down the public health systems of the states, and transfer the allegiance of the local doctors from state organizations to a national one? Would such result be attended by any good, or rather would it not bring manifold evils?

If all quarantine authority is centered in a chief at Washington must a physician who discovers a quarantinable disease wait, before doing anything, until he can receive instructions from the chief, with all the delays and misunderstandings so liable to happen? If allowed to act on his own authority, until he can receive instructions, how will he enforce obedience to his orders, and who will be bound for expenses incurred? Suppose two or more physicians residing in the same locality should simultaneously discover cases of a quarantinable disease demanding prompt and proper management, and that they should materially differ as to temporary measures to be employed, who is to settle the dispute? Further, we will suppose that the chief at Washington has received notice of an outbreak of disease at a given locality, and has decided upon the measures to be instituted, how will he carry out his views? Will he send an executive force from Washington, or will he appoint one at the infected locality? If the former, much delay will necessarily result; if the latter, what has been gained? Why could not a local board or committee have decided what was proper and ordered it done, or if help was needed why could it not have been obtained much nearer home and more expeditiously? It has never yet been demonstrated, so far as the writer is informed, that the atmosphere of Washington is absolutely essential to the growth of either common judgment or scientific knowledge, nor that these commodities cannot be produced in the provinces! Analyze the theory of national quarantine, as you will, by applying the practical test, and the analysis inevitably leads to impossibilities and absurdities. No system that does not accord with the genius of our government can be permanent or successful. Rather than seek to destroy the quarantine power of the states within their own borders it were far

better to strengthen and uphold that power as the bulwark or fulcrum from which the right of control over inter-state quarantine can be safely delegated to the nation.

The attempt to engraft upon this government a system of quarantine that manifestly accords with a monarchy is just as philosophical and unnatural as it would be to plant a tree with the roots in the air and the branches in the soil. It is true that the order of nature might for a time be subverted by surrounding the reversed roots of a tree of considerable size with an immense box of nourishing soil, but even then the supports of the box would require to rest upon the earth—down among the people—and in the course of time, should the tree grow it would, of its own weight pull itself *down* by the roots.

So it would be with any unconstitutional system of quarantine planted in this country.

One of the greatest damages that would result from a centralization of quarantine power in the general government would be the emasculation, and perhaps ultimate destruction, of the public health systems of the states.

As previously said, many of the states have excellent systems, which they maintain at considerable cost, and which they need for many other purposes than that of administering quarantine.

It is true that among the functions of all public health systems quarantine is a very vital and important one, but by no means the only one. The collection of vital and mortuary statistics, the investigation of food and water supply, the sanitation of cities and of premises throughout the country may be enumerated as some of the other great objects to be achieved.

The people, however, must be educated up to an appreciation of the value of these great agencies for the promotion of health before they willingly submit to the taxation necessary for their maintenance. They are keenly alive, however, to the necessity for the exercise of quarantine power when occasion seems to demand, and regard it very

much as they do military preparation for meeting insurrection or an invading army.

Take away from the public health systems of the states, or virtually do so, the vital and highly valued quarantine function and confer it upon the nation, and you materially weaken the entire structure of their systems. The people will be liable to conclude that if the general government proposes, at its own expense, to protect their lives against dangerous epidemics there is no need for them to maintain state systems of public health. Such a conclusion, in the event of the clamor for national quarantine being successful, would be an exceedingly unfortunate result.

Economy, no less than efficiency, of administration condemns the idea of national quarantine as being impracticable and unwise.

If the general government undertakes to operate directly in controlling epidemics, and not by co-operation with and through the states, using the machinery they have, or should have, ready for this as well as other purposes, it will be engaged in a continual warfare against disease that will tax its resources to an extent that will first astound the friends of national quarantine, and then convince them that the policy they had advocated was a grievous error.

The nation can accomplish a great deal in the way of controlling epidemics within the states, but the true and constitutional way to do this is by co-operating with, and not by attempting to supercede, state authorities.

The argument against the doctrine of national quarantine is by no means exhausted, but time is, and this discussion will now be brought to a close by submitting the following propositions, as tenable and sound:

1. In a democratic form of government quarantine power, like political, should be kept as close to its source, that is to the people, as the efficient administration thereof will permit.

2. A public health system whose machinery shall extend into every county of the United States is indispensable for the prompt and perfect administration of quarantine.

3. As the intelligent execution of health laws, and the formulation of necessary rules and regulations thereunder, requires expert knowledge, boards of health and health officers should consist of medical men, chosen by medical men.*

4. The administration of public health matters and politics should be widely and eternally divorced, the only possible way of accomplishing which is by adopting the plan embodied in the preceding proposition.

5. The county should be the unit of the public health system of each state, and should provide itself with an efficient board of health and health officer.

6. Each state should provide itself with a state board of health and health officer, all of whom should be doctors, chosen by doctors.

7. There should be uniformity of organization, both as to counties and states, which will render it easy to unite them all into one homogeneous whole—thereby inspiring such mutual confidence as will prevent groundless rumors and useless panic, and at the same time promote, when there is real need of it, promptness and efficiency of action.

8. A national bureau of public health should be created in accordance with plans embodied in this paper.

9. The right of establishing and maintaining quarantine should be conceded to counties and to incorporated cities and towns, under the supervision of their respective states.

10. The states should be sovereign as to quarantine within their own territories, and should have the right of calling upon the nation for financial and expert aid when the conditions demand it.

11. The control of inter-state quarantine should be conferred upon the nation, acting through a bureau of public

*Note.—It might be urged that this proposition violates the spirit of the first proposition, but the answer is easy: The authority of the boards of health, elected by doctors is advisory only; the civil authorities of the counties, states, and nation must make the appropriations of money to carry out the recommendations. Should they find that the boards of health elected by the doctors are incompetent or inefficient in any way the remedy is in their hands, and obviously consists in withholding the appropriations.

health, in which all the states should be entitled to representation.

This would enable the nation in times of epidemics and quarantine to bridge state lines, by declaring the qualifications that would entitle a citizen of one state to enter or pass through another state.*

12. In the prevention and suppression of epidemics co-operation between counties, states and nation is the principle that should dominate, and this co-operation should comprehend both expert knowledge and financial resources.

The following resolutions were submitted by the author of the preceding papers to the American Medical Association, at its recent meeting in Denver, and, being germane to the subject in hand, are here printed as furnishing an epitome of the principles contended for in the last paper:

WHEREAS, the protection of the public health is one of the duties and functions of all well organized and progressive governments, therefore,

Be it resolved, 1. That it is the sense of this body that a public health system, correct in principle, complete in detail, and applicable alike to every part of the country, should at the earliest time possible be created and put into vigours operation.

2. That in order for such a system to be constitutional, coherent, and permanent it should logically conform to the genius and plan of our concentric systems of government, that is to say, its roots should be deeply planted among the people, the recognized source of governmental power under our Constitution, and its branches should reach up through and be sustained by every political division of our state governments to one central and resourceful power—the nation.

3. That to lay the foundations for such a system the states should formulate their policies of public health with sufficient uniformity as to render them susceptible of being united into one symmetrical and harmonious whole, and to lead up to, and terminate in, one central and co-operative head, namely, the general government acting through a bureau of public health.

*NOTE.—To confer this power upon the general government would probably require an amendment to the Constitution. That is a question for statesmen and Constitutional lawyers to decide. The object sought in this paper was to evolve and point out the best policies, leaving their adoption or not to the law-makers, the members of the medical profession, and the people.

4. That whilst the officials for actively conducting a public health system should be of local origin and authority, and therefore directly and proximately responsible to the people, the states and the nation should co-operate with the local authorities in furnishing the expert skill and financial aid necessary for suppressing dangerous contagious and epidemic diseases, when they appear in any given locality, and for preventing their spread from one part of a state to another part of the same state, or from one state to another state.

5. That the principles herein announced should apply to the theory and practice of quarantine, which, although an important part and function of a public health system is not the only one of its numerous and beneficent powers. To divorce the exercise of quarantine power from a public health system, and to confer it upon a separate organization which derives its existence and vitality from the general government, and not from the people of the states, would be to emasculate and ultimately to destroy said system, as well as, to overthrow one of the most sacred and valued principles upon which our government is founded.

6. That an earnest appeal is hereby made to the Congress of the United States to recognize the principles herein proclaimed as constitutional and unassailable, and as in thorough accord with the generic truths out of which our political fabric has been evolved.

THE TRANSACTIONS

OF THE

Medical Association of the State of Alabama,

1869-1897.

H. G. PERRY, M. D., GREENVILLE,
Junior Counsellor, Medical Association of the State of Alabama.

Books preserve the words and record the deeds of man for the instruction and guidance of succeeding generations.

History enables us to review the struggles of our race toward light and hope.

By a contemplation of the successes and failures of our forefathers, we direct our steps along life's pathway with increased assurance and safety.

The history of this Association, as recorded in the Transactions, forms our best guide for the future.

The original mission of its founders was "To construct out of the scattered members of our profession a powerful organization," looking to the upbuilding of every phase of professional life.

That it is succeeding, is evident when we remember that few states in the Union have such perfect organization, when we call to mind the admirable laws which protect the health of our people, and when we realize the great advancement of the profession throughout the State in the line of scientific and practical medicine.

As the organization has become more perfect in detail, more time and talent has been devoted to the discussion of medical and sanitary subjects.

Year by year these reports have increased in excellence, the scope of the discussions has broadened, and the value to the busy practitioner has become greater.

While the most important work of the first decade after re-organization was the perfection of our Constitution, and the enactment of necessary legislation, yet, one has only to read the transactions of that period to become convinced that our founders were men of originality and research.

The subject of malaria in its various manifestations was ably and exhaustively discussed by Mabry, Riggs, Cochran, Michel and others. Probably the whole range of medical literature contains no article on the use of Quinine to compare with that of Dr. Cochran published in 1883.

The reports on diseases prevalent in various parts of the State by such pains-taking observers as Webb, Anderson, Reese, Osborne, Peterson, Drury, Mason, and their worthy compeers, furnish the practitioner of to-day with information available from no other source.

The founder of State Medicine in Alabama, the author of our Constitution, and the father of our Association, has left us a rich legacy in his writings on yellow fever and quarantine.

The contributions of Bryce and Searcy, the alienists of Alabama, are sources of honor and pride to the whole State.

The reports on recent progress in surgery and gynæcology by our specialists of to-day, all of us have found helpful in our daily work.

The more recent volumes with which we are all familiar, contain much of value upon blood analysis, the use of the microscope, and other advances in medicine, the value of which cannot be estimated.

A comparative study of these contributions demonstrates that observers are becoming more painstaking and accurate. The result of their work is the dissemination of broader and more accurate knowledge among the profession of our State.

Many of those who have given their time and talents to the upbuilding of this Association, have completed their life histories, which are recorded in our Book of the Dead.

We of to-day mourn their loss and revere their memories. Some of the "old guard" still survive, honored of all.

The active investigators of to-day, basing their researches upon the experience of the past, and drawing deductions from the latest experiments of science, set forth the present status of medicine and surgery for our guidance, as we minister to the diseases of mankind.

Inspired by a desire to connect the past work of our Association with the present and the future, and to put the scientific part of the transactions within easy reach for reference, I conceived the idea of preparing a general index to all papers read before this body.

In this labor I have been amply repaid by the information derived.

I am sure that this index has put within our reach valuable resources not otherwise available.

I sincerely trust that each member of the Association may obtain the same pleasure and profit from the use of this index which I have received in its preparation.

GENERAL INDEX

TO THE

MEDICAL AND SANITARY REPORTS

READ BEFORE THE

Medical Association of the State of Alabama

From 1869 to 1898, inclusive.

COMPILED BY

HENRY GAITHER PERRY, A. B., M. D., GREENVILLE,

Junior Counsellor of the Medical Association of the State of Alabama.

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The next Annual Meeting of the Medical Association of the State of Alabama, will be held in the city of Mobile on the third Tuesday in April, 1899, at 12 o'clock noon, continuing for four days.

Each county is entitled to send two delegates. The assessments upon the County Societies is ONE DOLLAR for each member, exclusive of Counsellors and Delegates, the former of whom pay A FEE OF TEN DOLLARS and the latter FIVE DOLLARS. Further particulars will be found in the Annual Circular Letter of the Secretary, to be issued March 1st, 1899.

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